

# **Nottinghamshire County Council**

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**THE HEALTH AND HEALTH SERVICES  
OF THE COUNTY**

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## **ANNUAL REPORT**

**OF THE  
COUNTY MEDICAL OFFICER**

**C. W. W. JEREMIAH,**  
M.R.C.S., L.R.C.P., D.P.H.

**FOR THE YEAR  
1958**

**HEALTH DEPARTMENT,  
SHIRE HALL,  
NOTTINGHAM.**

**Telephone : 55024.**







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## SECTION I.

## COUNTY HEALTH COMMITTEE

**Constitution**

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**Sub-Committees**

Ambulance  
 Finance and General Purposes  
 Health Centres  
 Maternity and Child Welfare  
 Mental Health  
 Preventive Health Service  
 Sherwood Village Settlement Management

**Members of the Committee†***Chairman :*

ALDERMAN MRS. F. G. STUART

*Vice-Chairman :*

COUNCILLOR W. W. GASH

*Ex-officio :* ALDERMAN W. BAYLISS, C.B.E., D.L.  
 ALDERMAN S. FARR

*Aldermen :*

AINLEY, J.	SHARRARD, MRS. B.
ELEY, J. W.	STRETTON, J. H.
IRELAND, W.	STUART, MRS. F. G.
PERCIVAL, J. A.	TAYLOR, MRS. C. A.
QUIBELL, MRS. K. A.	

*Councillors :*

BARTLAM, R. A.	GREEN, A.
BEARDSLEY, MRS. M.	HARRISON, C.
BETTERIDGE, MRS. A. E.	HILL, MRS. L.
BOWER, J.	JONES, J. B.
BRAMLEY, L. J.	KNOWLES, W.
BROOKS, D. A.	MEAD, A.
BURTON, L. A.	MYERS, P.
BUXTON, J.	POLLARD, B.
CHARLTON, G. B.	POUNDER, A. J.
CHEETHAM, W. H.	ROBERTS, J.
COATES, C. T.	SHILLING, H.
DAVISON, R. C.	SKILLEN, S. J.
FOSTER, W. H.	SUTTON, G. H.
FRANCKLIN, CMDR. M. B. P.	WALTERS, H. L.
GASH, W. W.	YATES, MRS. E. A.

†December, 1958



*Representative Members :***Municipal Borough Councils :**

East Retford	.....	.....	.....	PEATFIELD, J. W.
Mansfield	.....	.....	.....	MILFORD, MRS. A.
Newark	.....	.....	.....	WHOMSLEY, A. E.
Worksop	.....	.....	.....	HARRIS, E.

**Urban District Councils :**

Four Vacancies.

**Rural District Councils :**

BROCKLEHURST, T.	HILL, MRS. J.
BROWN, DR. R. W. W.	MILLS, H.

## STAFF

The following is a list of personnel employed on the 31st December, 1958 :—

*County Medical Officer and Principal School Medical Officer*

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

*Deputy County Medical Officer*

A. R. C. MARGETTS, M.B., B.S., D.P.H., D.C.H.

*Senior Administrative Medical Officer*

R. S. MALE, M.B., Ch.B., M.R.C.P., D.P.H., D.C.H.

*Senior Medical Officer for Maternity and Child Welfare*

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

*Medical Officer for Mental Health*

MISS E. ROITH, M.B., B.Ch., B.A.O., D.P.H.

## Clinical Medical Staff

*Medical Officers for Ante-Natal Services*

MISS J. A. FORBES, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

MRS. M. A. M. N. GILLATT, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Seven general medical practitioners were also employed for Sessional duties on a Fee basis

*Senior Clinical Medical Officers*

(for Maternity and Child Welfare and School Health Services)

MISS J. M. CUMMINS, B.A., M.B., B.Ch., B.A.O., L.M.

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

MISS U. LAWRIE, M.B., Ch.B., D.P.H.

MISS E. C. NELSON, M.B., Ch.B., D.P.H.

*Assistant County Medical Officers*

(for Maternity and Child Welfare and School Health Services)

*Whole-time*

MISS M. K. ASTIN, M.B., Ch.B.

MISS J. BOARD, M.B., B.S.

A. J. JOHNSON, M.B., B.Ch.

N. D. PATON, M.B., Ch.B., D.P.H.

*Part-time*

H. L. BARKER, M.D., B.S., D.P.H.

MRS. I. M. BUCKLE, M.B., Ch.B.

R. N. COLLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

MRS. M. S. COLLEY, M.B., Ch.B., D.Obst.R.C.O.G.

MRS. L. M. CRAM, B.M., B.S.

MRS. P. M. GRAY, M.B., B.S., M.R.C.S., L.R.C.P.

MRS. M. J. GRICE, M.B., Ch.B.

MRS. M. C. JEFFRIES, M.B., B.S.

*Assistant County Medical Officers and Medical Officers of Health of  
County Districts*

As Assistant County Medical Officers, the undermentioned are employed on Maternity and Child Welfare and School Health Service duties except in the case of Dr. Drummond whose duties relate solely to the School Health Service, and Dr. McKean who undertakes Maternity and Child Welfare Service work only.

MISS R. C. BARKER, M.B., B.Ch., B.A.O., D.P.H.	East Retford Borough and East Retford Rural District.
E. BEBBINGTON, M.B., Ch.B., D.P.H.	Beeston and Stapleford Urban District.
J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.	Mansfield Woodhouse and Warsop Urban Districts.
C. CROSS, M.B., Ch.B., D.P.H.	Kirkby-in-Ashfield Urban District.
J. S. DRUMMOND, M.B., B.Ch., D.P.H.	Mansfield Borough.
M. B. McCANN, L.R.C.S., L.R.C.P., D.P.H.	Worksop Borough and Worksop Rural District.
T. S. MCKEAN, M.B., Ch.B., D.P.H.	Sutton-in-Ashfield Urban District.
H. D. B. NORTH, M.Sc., M.B., Ch.B., D.P.H.	West Bridgford Urban and Bingham Rural Districts.
W. R. PERRY, M.B., B.S., D.P.H.	Eastwood Urban and Basford Rural Districts.
H. D. H. ROBINSON, M.R.C.S., L.R.C.P., D.P.H.	Arnold and Carlton Urban Districts.
Vacancy.	Newark Borough, Newark Rural and Southwell Rural Districts.
Vacancy.	Hucknall Urban District.

*Assistant County Medical Officer and Deputy Medical Officer of Health  
of the Borough of Mansfield*

(As Assistant County Medical Officer undertakes Maternity and Child Welfare and School Health Service duties)

P. BRODBIN, L.L.M., L.R.C.P. and S.I., D.P.H.



*Medical Superintendent, Sherwood Village Settlement*

D. DAVIES, M.D., M.R.C.P.

Employed by the Regional Hospital Board as Physician  
Superintendent, Ransom Hospital.

*Children's Psychiatrists*

MISS J. E. GREENER, M.B., Ch.B., D.P.H., D.P.M.

T. A. RATCLIFFE, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.C.H.

Drs. Greener and Ratcliffe are employed by the Regional Hospital  
Board and their services are utilised jointly with the Nottingham City  
Council.

**Dental Staff***County Dental Officer*

D. E. MASON, L.D.S.

*Orthodontist*

J. I. MCCracken, L.D.S.

*Dental Officers**Whole-time*

MISS M. ARMITAGE, L.D.S.

S. MELLOR, L.D.S.

MRS. A. M. E. FERGUSON, L.D.S.

J. E. PRESTON, L.D.S.

MISS A. KAVANAGH, L.D.S.

B. J. SWYER, L.D.S.

*Part-time*

MRS. M. J. S. HUNTER, L.D.S.

MRS. I. M. KEATES, L.D.S.

D. P. JAMES, L.D.S.

G. PEARSON, L.D.S.

Vacancies equal to the time of approximately fourteen Dental  
Officers.

All Dental Officers are employed by the Education Committee but  
undertake Maternity and Child Welfare as well as School Health Service  
work.

**Nursing and Allied Staff***Superintendent Health Visitors*

MISS E. BOWLER, S.R.N., S.C.M., H.V.Cert.

MISS A. COLLISHAW, S.R.N., S.C.M., H.V.Cert.

MRS. C. J. MCHENRY, S.R.N., S.C.M., H.V.Cert.

Health Visitors .....	.....	73—with 5* Vacancies.
Tuberculosis Visitors .....	.....	4—with 1 Vacancy.
School Nurses .....	.....	10—with 1 Vacancy.
Dental Nurse .....	.....	1
Dental Attendants .....	.....	9—with 14 Vacancies.
Oral Hygienist .....	.....	Nil—with 1 Vacancy.

\*One vacancy filled temporarily by Assistant Clinic Nurse

*Midwifery**Senior Non-Medical Supervisor of Midwives*

MISS M. K. COLLINS, S.R.N., S.C.M., H.V.Cert.

*Junior Non-Medical Supervisor of Midwives*

MISS R. E. HERMES, S.R.N., S.C.M., H.V.Cert.

County Midwives ..... 63—with 8 Vacancies.

*Day Nurseries**Matrons*

Beeston	.....	MRS. M. D. ASHER, S.R.N.
Carlton	.....	MISS J. S. E. FLETCHER, N.N.E.B.
Mansfield (Bull Farm)	.....	MISS M. BREWSTER, S.R.C.N.
Newark	.....	MRS. P. GAMMAGE, N.S.D.N.Cert.
Stapleford	.....	MRS. S. FLETCHER, S.R.N.
West Bridgford	.....	MISS M. BECKETT, N.S.D.N.D.

*Home Help Service**Organiser*

MISS M. W. COTTEE.

District Organisers ..... 10

**Mental Health Staff***Mental Health Officer*

W. A. FROST.

*Superintendent Mental Health Worker*

MRS. E. L. ANDREWS.

Male Mental Health Workers..... 10

Assistant Male Mental Health Workers 4—with 1 Vacancy.

All are employed jointly as Mental Health Workers and District  
Welfare Officers, or as Assistants.

Female Mental Health Worker ..... Vacancy.

Female Supervisors, Occupation

Centres ..... 2

Female Home Teachers for Mentally

Defective Persons ..... 2—with 1 Vacancy.

**Ambulance Staff***County Ambulance Officer*

F. E. JOLLEY.

*Deputy County Ambulance Officer*

S. S. DIXON.

**Staff for Other Special Services***County Health Inspector*

G. H. EARNSHAW.

*County Almoners*

MISS P. M. BUCKLEY.

MISS S. M. CUTTS.

MISS P. K. EMY.

*Health Education Officer*

A. H. MARROW.

*Assistant Health Education Officers*

N. S. WASS.

With 1 Vacancy.

*Sherwood Industries (Village Settlement) General Manager*

W. H. TIPPING.

*Occupational Therapists for Tuberculous Persons*

MISS B. J. FOWLER.

With 1 Vacancy.

*Auditory Therapist*

MISS J. M. COOPER.

*Milk Samplers*

Two.

**Central Office Staff***Lay Administrative Assistant*

W. L. RICHARDSON.

*Chief Clerk*

J. RENSHAW.

*Deputy Chief Clerk*

E. GILLOTT.

*Senior Clerks of Sections**Accounts*

H. R. ADAMS.

*Staff*

J. M. ANSON.

*School Health Service*

W. R. CLEMENS.



*Mental Health Service*

W. A. FROST.

*Preventive Health Services*

R. GOSPEL.

*Maternity and Child Welfare Services*

L. HOCKIN.

*Ambulance Service*

R. J. MARLOWE.

# NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE TWENTY COUNTY DISTRICTS.

AS AT 31ST DECEMBER, 1958.

DISTRICT	MEDICAL OFFICER OF HEALTH	ADDRESS	TELEPHONE No.
<b>BOROUGHES.</b>			
EAST RETFORD	.. Miss R. C. Barker	Municipal Offices, Chancery Lane, Retford.	Retford 561
MANSFIELD ..	.. J. S. Drummond	Public Health Department, Gilcroft Street, Mansfield.	Mansfield 1296
NEWARK ..	.. Vacancy	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
WORKSOP ..	.. M. B. McCann	Health Department, Park House, Park Street, Worksop.	Worksop 2405

## URBAN DISTRICTS.

ARNOLD ..	.. H. D. H. Robinson	Health Department, Arnot Hill House, Arnold.	Nottingham 26-8584
BEESTON AND STAPLEFORD ..	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.	Nottingham 25-4891
CARLTON ..	.. H. D. H. Robinson	Public Health Department, Council House, Burton Road, Carlton.	Nottingham 24-8231
EASTWOOD ..	.. W. R. Perry	Council Offices, Church Street, Eastwood.	Langley Mill 3022
HUCKNALL ..	.. Vacancy	Council Offices, Hucknall.	Hucknall 904
KIRKBY-IN-ASHFIELD	C. Cross	Council Offices, Urban Road, East Kirkby.	Kirkby-in- Ashfield 2371
MANSFIELD WOODHOUSE ..	J. D. Carroll	Public Health Department, Manor House, Mansfield Woodhouse.	Mansfield 1891
SUTTON-IN-ASHFIELD	T. S. McKean	Public Health Department, Forest Street, Sutton-in-Ashfield.	Sutton-in Ashfield 600
WARSOP ..	.. J. D. Carroll	Health Department, Town Hall, Warsop.	Warsop 37
WEST BRIDGFORD ..	H. D. B. North	Health Department, 70 Bridgford Road, West Bridgford.	Nottingham 89651

## RURAL DISTRICTS.

BASFORD ..	.. W. R. Perry	Health Department, Rock House, Stockhill Lane, BASFORD, Nottingham.	Nottingham 76677
BINGHAM ..	.. H. D. B. North	Council Offices, Bingham.	Bingham 391
EAST RETFORD	.. Miss R. C. Barker	Municipal Offices, Chancery Lane, Retford.	Retford 561
NEWARK ..	.. Vacancy	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
SOUTHWELL..	.. Vacancy	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
WORKSOP ..	.. M. B. McCann	Council Offices, Highfield House, Carlton Road, Worksop.	Worksop 2219

# NOTTINGHAMSHIRE COUNTY COUNCIL

HEALTH DEPARTMENT,  
SHIRE HALL,  
NOTTINGHAM.

*August, 1959.*

TO THE CHAIRMAN AND MEMBERS OF THE  
NOTTINGHAMSHIRE COUNTY COUNCIL

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1958 on the state of health and the health services of the County during the year.

There is much cause for gratification to be found by perusal of the records of the year's work and returns.

Although deaths from Tuberculosis rose from twenty-nine in 1957 to forty-three in 1958, cases of the Pulmonary form of the disease notified during the year fell from 372 in 1957 to 305 in 1958.

This is the most positive reduction in the incidence of the disease noted during the past fifteen years.

As I have stressed in the past, reduction in the incidence of the disease—not in its mortality rate—is the real evidence of success in the fight against the disease.

Equally we can be pleased to find a birth rate higher than any since 1949 ; an infant mortality rate of 20.8—the lowest ever recorded in the County—and maternal deaths arising in but five cases in a total of 9,893 live and still-births.

Notwithstanding the fact that the public generally, parents individually and children particularly stand to become surfeited with immunisation procedures, the progress made in the campaign against Poliomyelitis is a tribute to all concerned. Note is made elsewhere in this Report of the fact that though the campaign is centrally administered, the local conduct of the work rests materially in the hands of the County District Medical Officers of Health, and tribute is due to them for their part in securing that, although at the beginning of the year only 543 single injections had been given, by the end of the year 88,414 cases had each completed vaccination with two injections, and some 11,474 cases had been given a third injection.



Tribute is also due to the County Council for so readily agreeing to augment the Medical, Nursing and Clerical Staffs to further the campaign, a gesture which secured that the Council's other statutory medical and nursing services functioned normally throughout the year in both the Maternity and Child Welfare and the School Health fields. No increase in Central Office Staff proved necessary.

Although this augmentation was approved in the first instance as a temporary measure to meet the initial impact of the new campaign, it is evident that, as the Ministry extend the groups to which vaccination may be offered, some proportion of staff augmentation will need to be maintained to cover this permanent expansion of our services.

Speaking of the Poliomyelitis vaccination scheme generally, no small part of the credit for a highly successful year's work is due to the generous and essential co-operation of the Head Teachers of our County Schools.

This co-operation has been given unstintingly in time, effort and accommodation, and to them I tender my very sincere thanks.

In regard to Poliomyelitis, attention must of necessity be drawn to the fact that only nine cases of the disease were notified during the year, as compared with fifty-three in 1957.

This noteworthy fall in cases must, of course, be regarded as fortuitous and in no way a result of the immunisation campaign, which only got into its real stride during the year under review.

Artificially induced resistance to the disease is not developed overnight.

At the time of writing this Report, one's mind is very much pre-occupied with the shape of things to come in the field of the Maternity Services following the publication of the Cranbrook Report and in the field of Mental Health following the receipt of the Report of the Royal Commission.

The methods of implementation of the recommendations of these Reports are still in the melting pot. General comment on them, at this stage, would, I feel, be premature whilst negotiations and discussions are still being held between the various medical and other bodies affected.

It is, however, of interest to note that only forty-eight per cent. of our County confinements were conducted in hospital, whereas the Cranbrook Report suggests that the appropriate figure for hospital confinements should be seventy per cent.

The Report of the Royal Commission, on the Mental Health pattern for the future, stresses, as do all such reports, the need for the close co-operation of all bodies concerned, and in the past there has been comment on the degree of co-ordination of the hospital and local health authority activities in the Mental Health field in this County.

Such co-ordination is secured by mutual understanding and not by instruction: it is a matter of goodwill and appreciation of common interests—and out of these, in the County, has developed the close relationships between my Department, the Hospitals and the Consultants which the Commission's Report seeks to secure.

It can be noted, in support of this, that at the end of the year, 148 cases of mental illness were being visited and supervised on behalf of the Hospitals and Consultants by the Mental Health Workers of the Authority as compared with ninety at the same time in the previous year.

As I said in my opening remarks, the year was in most respects a kindly one. There have been no major epidemics and much has been accomplished.

Not least in the year's list of credits was the opportunity offered by the Government in Circular 60/58 to forge ahead with our long-delayed programme of new buildings for the Ambulance, Child Welfare and Mental Health Services—an opportunity of which the Council have taken full advantage.

In bringing my introduction to a close, I must pay tribute to the memory of our late colleague, Dr. G. G. Buchanan, who died prematurely in December, 1958.

He resigned his post as Deputy County Medical Officer to become Medical Officer of Health of the Borough of Newark in 1940, and retained an affectionate and loyal attachment to the Department until his death.

To our colleagues in other Departments of the County Council, and to those in the Hospital, Consultant and General Medical Services, I express my sincere appreciation of their much valued co-operation.

To my Staff, and in particular to my Deputy, Dr. Margetts, I offer gratitude for their efforts and their loyalty.

To the Chairman and Members of my Committee go my best thanks for their support and encouragement.

I am,

Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH.



## SECTION II.

## SUMMARY OF STATISTICS, 1958.

Area in acres (land and inland water, Census 1951) (actual 523,482) .....	*521,645
Population Census, 1951 (actual 535,156) .....	*533,361
Number of Households Census, 1951 .....	156,581
Average number of persons per household, Census 1951 .....	3.3
Population estimated, June, 1958 .....	569,800
Rateable Value .....	£5,696,461
Estimated product of a penny rate .....	£23,400

\*These figures relate to the area and population of the County after the Nottingham City and County Boundaries Act, 1951 had become effective on the 1st April, 1952.

## VITAL STATISTICS, 1958

	<i>County</i>	<i>England and Wales</i>
<b>Mothers and Infants</b>		
Live Births .....	9,685	739,336
Live Birth per 1,000 population : Crude .....	17.00	16.4
Corrected .....	17.00	
Still Births .....	208	16,309
Still Births rate per 1,000 live and still births.....	21.02	21.6
Total Live and Still Births .....	9,893	755,645
Infant Deaths .....	201	16,684
Infant mortality rate per 1,000 live births .....	20.75	22.6
Infant mortality rate per 1,000 live births— legitimate .....	20.83	Not available
Infant mortality rate per 1,000 live births— illegitimate .....	18.82	Not available
Neo-Natal Mortality rate per 1,000 live births	12.91	16.2
Illegitimate live births per cent of total live births .....	3.85	4.9
Maternal Deaths—including abortion .....	5	326
Maternal mortality rate per 1,000 live and still births .....	0.51	0.43

					<i>County</i>	<i>England and Wales</i>
<b>Deaths (All ages)</b>						
Number—all causes	.....	.....	.....	.....	5,982	526,849
Death Rate : Crude	.....	.....	.....	.....	10.50	11.7
Corrected	.....	.....	.....	.....	12.28	

### Tuberculosis

#### Number of Deaths—

All Forms	.....	.....	.....	.....	43	4,480
Pulmonary	.....	.....	.....	.....	41	4,000
Non-Pulmonary	.....	.....	.....	.....	2	480

#### Death Rate—

All Forms	.....	.....	.....	.....	0.08	0.10
Pulmonary	.....	.....	.....	.....	0.07	0.09
Non-Pulmonary	.....	.....	.....	.....	0.01	0.01

### Cancer

Number of Deaths	.....	.....	.....	.....	1,052	95,799
Death Rate	.....	.....	.....	.....	1.84	2.12

### Population

The estimated population of 569,800 shows an increase of 6,500 on the previous year. The biggest increase was in Basford R.D.—1,170.

The natural increase (excess of births over deaths) was 3,703.

### County District Statistics

These are given in Tables I, II, III and IV at the end of the Report.

### Live Births

The following Table gives details for the year :—

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male .....	4,866	198	5,064
Female .....	4,447	174	4,621
Total .....	9,313	372	9,685



### Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
1948	480	0.92	50.6
1949	450	0.86	49.4
1950	394	0.73	45.4
1951	396	0.72	46.4
1952	368	0.68	43.2
1953	349	0.65	40.5
1954	384	0.70	44.7
1955	335	0.61	38.4
1956	329	0.60	36.9
1957	346	0.61	36.9
1958	372	0.65	38.5

### Principal Causes of Death

Heart Disease	.....	.....	.....	.....	.....	.....	1,900
Cancer, Malignant Disease	.....	.....	.....	.....	.....	.....	1,052
Vascular Lesions of Nervous System	.....	.....	.....	.....	.....	.....	934
Diseases of Respiratory System (excluding Tuberculosis)	.....	.....	.....	.....	.....	.....	728
Accidents	.....	.....	.....	.....	.....	.....	202

### Infant Deaths

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male .....	111	6	117
Female .....	83	1	84
Total .....	194	7	201

## Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between 1-12 Months	Total
<b>URBAN DISTRICTS</b>				
Mansfield M.B. ....	15	5	9	29
Worksop M.B. ....	19	6	5	30
Newark M.B. ....	3	8	4	15
East Retford M.B. ....	7	3	1	11
Arnold ....	6	2	2	10
Beeston and Stapleford.....	18	13	10	41
Carlton ....	8	7	3	18
Eastwood ....	6	2	—	8
Hucknall.....	9	10	2	21
Kirkby-in-Ashfield ....	13	14	3	30
Mansfield Woodhouse ....	7	3	2	12
Sutton-in-Ashfield ....	14	11	5	30
Warsop ....	6	2	—	8
West Bridgford ....	8	6	1	15
Totals for Urban Districts ....	139	92	47	278
<b>RURAL DISTRICTS</b>				
Basford ....	22	14	10	46
Bingham ....	11	3	2	16
Worksop.....	6	6	4	16
East Retford ....	9	3	4	16
Newark ....	4	3	1	8
Southwell ....	17	4	8	29
Totals for Rural Districts ....	69	33	29	131
Whole County ....	208	125	76	409

## Neo-Natal Deaths

Of the one hundred and twenty-five neo-natal deaths, one hundred and eleven occurred within the first seven days. Of the primary causes of death, prematurity and congenital malformations accounted for eighty-three of the one hundred and twenty-five, i.e. 66.4% of the neo-natal deaths.

## NEO-NATAL DEATHS

Primary Causes of Death	Total	Born at			Sex		Pre-mature	Atelectasis	Age at Death			Remarks
		Hospital	Home	Nursing Home	Male	Female			Under 24 hours	1-7 days	7-28 days	
Prematurity .....	50	44	6	—	26	24	50	13	29	19	2	3 cases in which mothers had toxæmia. 4 cases in which one of twins died. 3 cases (triplets).
Congenital Malformations .....	33	19	14	—	16	17	4	6	12	17	4	1 a twin.
Birth Injury .....	15	11	4	—	10	5	2	3	6	8	1	
Asphyxia .....	9	6	3	—	6	3	—	—	9	—	—	
Rhesus Incompatibility	5	4	1	—	3	2	—	—	2	3	—	
Infection—												
Respiratory .....	9	3	6	—	5	4	1	—	—	3	6	
Other .....	1	1	—	—	—	1	—	—	—	—	1	Associated with congenital malformation.
Other Causes .....	3	2	1	—	2	1	2	—	1	2	—	
Total .....	125	90	35	—	68	57	59	22	59	52	14	

## Table of Causes of Death of Children

### Under One Year of Age

CAUSE OF DEATH	NUMBER OF DEATHS			Rate per 1,000 Live Births
	Urban Districts	Rural Districts	Whole County	
Other Infective and Parasitic Diseases .....	1	—	1	0.10
Other Heart Disease .....	1	—	1	0.10
Influenza .....	1	—	1	0.10
Pneumonia .....	31	13	44	4.54
Bronchitis .....	1	1	2	0.21
Other Diseases of Respiratory System .....	—	1	1	0.10
Gastritis, Enteritis and Diarrhoea .....	—	1	1	0.10
Nephritis and Nephrosis .....	1	—	1	0.10
Congenital Malformations .....	29	17	46	4.76
Other Defined and Ill-Defined Diseases .....	72	27	99	10.23
Accidents .....	2	2	4	0.41
Totals .....	139	62	201	20.75

### Births and Death Rates (Corrected)

To render the local crude birth and death rates comparable with the country as a whole it is necessary to correct them by the application of factors which compensate for differences in age and sex distribution in the local population, compared with the distribution in the country as a whole. Such factors have been furnished by the Registrar-General in respect of each of the County Districts, for the aggregates of Urban Districts and Rural Districts, and for the County as a whole.

The following table gives the crude rates for each district, the correcting factors by which the crude rates are to be multiplied, and the resultant corrected rates.



DISTRICT	BIRTHS			DEATHS		
	Crude Rate per 1,000 of the Population	Area Compara- bility Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Compara- bility Factor	Corrected Rate per 1,000 of the Population
<b>Urban Districts—</b>						
Mansfield M.B. .. ..	15.9	0.97	15.4	11.7	1.08	12.7
Worksop M.B. .. ..	18.1	0.97	17.6	8.9	1.24	11.0
Newark M.B. .. ..	17.5	1.00	17.5	13.6	0.93	12.6
East Retford M.B. ..	15.8	0.99	15.7	12.3	1.00	12.3
Arnold .. ..	17.8	0.98	17.4	9.9	1.25	12.4
Beeston & Stapleford ..	16.8	0.99	16.7	10.1	1.32	13.3
Carlton .. ..	17.2	0.98	16.9	10.5	1.15	12.1
Eastwood .. ..	15.5	1.01	15.6	9.9	1.30	12.9
Hucknall .. ..	15.3	1.00	15.3	9.8	1.36	13.3
Kirkby-in-Ashfield ..	17.5	0.98	17.1	9.6	1.28	12.3
Mansfield Woodhouse ..	20.2	0.98	19.8	8.2	1.42	11.7
Sutton-in-Ashfield ..	14.4	1.00	14.4	11.0	1.28	14.1
Warsop .. ..	18.1	0.95	17.2	8.8	1.40	12.4
West Bridgford .. ..	15.7	1.03	16.2	13.0	0.86	11.2
<b>Aggregate of Urban Districts ..</b>	<b>16.8</b>	<b>0.99</b>	<b>16.6</b>	<b>10.6</b>	<b>1.18</b>	<b>12.6</b>
<b>Rural Districts—</b>						
Basford .. ..	19.4	0.98	19.0	9.4	1.21	11.3
Bingham .. ..	19.7	1.11	21.9	12.7	0.82	10.4
Worksop .. ..	18.1	1.04	18.8	11.0	1.47	16.1
East Retford .. ..	13.4	1.10	14.7	9.8	0.97	9.5
Newark .. ..	14.8	1.02	15.1	9.1	1.06	9.6
Southwell .. ..	17.3	1.00	17.3	10.1	1.25	12.6
<b>Aggregate of Rural Districts.. ..</b>	<b>17.7</b>	<b>1.03</b>	<b>18.2</b>	<b>10.2</b>	<b>1.14</b>	<b>11.6</b>
<b>Whole County .. ..</b>	<b>17.0</b>	<b>1.00</b>	<b>17.0</b>	<b>10.5</b>	<b>1.17</b>	<b>12.3</b>
<b>England and Wales ..</b>	<b>16.4</b>	<b>—</b>	<b>—</b>	<b>11.7</b>	<b>—</b>	<b>—</b>

## SECTION III.

## INFECTIOUS DISEASES

The total numbers of cases of infectious diseases, other than tuberculosis, notified amongst County residents during 1958, were as follows:—

Disease							Cases notified
Scarlet Fever	.....	.....	.....	.....	.....	.....	579
Whooping Cough	.....	.....	.....	.....	.....	.....	342
Measles	.....	.....	.....	.....	.....	.....	4,174
Acute Poliomyelitis—paralytic	.....			8			
non-paralytic				1			
							9
Meningococcal infection	.....	.....	.....	.....	.....	.....	12
Acute Encephalitis—infective	.....	.....	.....	.....	.....	.....	6
Dysentery	.....	.....	.....	.....	.....	.....	605
Puerperal Pyrexia	.....	.....	.....	.....	.....	.....	26
Ophthalmia Neonatorum	.....	.....	.....	.....	.....	.....	3
Acute Pneumonia	.....	.....	.....	.....	.....	.....	189
Paratyphoid Fever	.....	.....	.....	.....	.....	.....	2
Food Poisoning	.....	.....	.....	.....	.....	.....	79
Erysipelas	.....	.....	.....	.....	.....	.....	27
Gastro-enteritis	.....	.....	.....	.....	.....	.....	5

In cases where a copy of an infectious disease notification submitted in accordance with statutory requirements was passed to the County Council within 12-48 hours of receipt by a County District Council, the fee paid to the doctor concerned by the County District Council was reimbursed by the County Council.

Health Visitors were provided with details to facilitate preventive action.

## SECTION IV.

## SANITARY CIRCUMSTANCES OF THE AREA

## Sewerage and Sewage Disposal

## New Works and Improvements

## MANSFIELD M.B.

Two contracts for main drainage carried out to relieve flooding in various parts of the Borough at a cost of £33,000.

## WORKSOP M.B.

Extensions of sewers :—

Foul water	.....	.....	484 yards
Surface water	.....	.....	1,438 yards

## BEESTON AND STAPLEFORD U.D.

Applications to Ministry of Housing and Local Government for loan sanction for following works :—

Extensions to Stapleford Sewage Works	.....	.....	£144,000
Extensions to Beeston Sewage Works	.....	.....	£101,600

## CARLTON U.D.

Extension of Surface Water Sewer	169 yards
----------------------------------	-----------

## MANSFIELD WOODHOUSE U.D.

Extensions of sewers :—

Surface Water	.....	.....	187 yards
Foul Sewer	.....	.....	586 yards

## SUTTON-IN-ASHFIELD U.D.

One thousand five hundred yards of new sewer laid.

## BASFORD R.D.

Bunny, Bradmore and Ruddington Sewage Disposal Scheme completed.

## WORKSOP R.D.

Five hundred and fifty-four yards of foul sewer laid.

The construction of new sewers in connection with the Norton and Cuckney Sewerage and Sewage Disposal Schemes was also completed during the year.



**EAST RETFORD R.D.**

- (1) A contract amounting to approximately £7,250 was completed at North and South Leverton.
- (2) A new pumping station with settling tank was completed at West Stockwith.
- (3) A commencement was made with new deep drainage schemes for the parishes of Everton, Mattersey, Tuxford and East Markham.

**NEWARK R.D.**

New Sewage Disposal Works at Collingham under construction.

**SOUTHWELL R.D.**

- (1) Ollerton sewer diversion including pumping station and 9-in. rising main.
- (2) The Kneesall Sewerage and Sewage Disposal Scheme.
- (3) A Sewage Disposal plant and sewers at Wellow and Weston.

**Ministry of Housing and Local Government Inquiry at which the Department was represented**

*Bingham Rural District Council—9th July, 1958.*

Parish of Radcliffe-on-Trent—proposed Sewerage and Sewage Disposal Works.

Engineering Inspector—Mr. J. M. W. Hawkesworth.

**Water Supply**

There have been no serious cases of contamination of Water Supplies during the year, and in the few instances where contamination was confirmed after chemical analysis or bacteriological examination, immediate steps were taken to make the water safe for consumption.

Eight hundred and eighty-four samples were taken during the year by the Officers of District Councils.

Extensions of water mains were carried out in Mansfield M.B. (870 yards) ; Worksop M.B. (1,573 yards) ; Carlton U.D. (1,152 yards) ; Kirkby-in-Ashfield U.D. (128 yards) ; Mansfield Woodhouse U.D. (479 yards) ; Sutton-in-Ashfield U.D. (4,500 yards) ; Basford R.D. (460 yards) ; East Retford R.D. (9,648 yards) ; Newark R.D. (3,006 yards) ; Southwell R.D. (1,700 yards) ; Worksop R.D. (467 yards) and Bingham R.D. (1,700 yards).

**Work of the County Health Inspector**

The following is a summary of the principal work undertaken by the County Health Inspector during the year :—

Investigations concerning public water supplies	.....	.....	26
Investigation of complaints concerning housing circumstances and other matters received from Health Visitors, County residents, etc.	.....	.....	95
Investigations into environmental circumstances generally including interviews with Officers of County District Councils			357



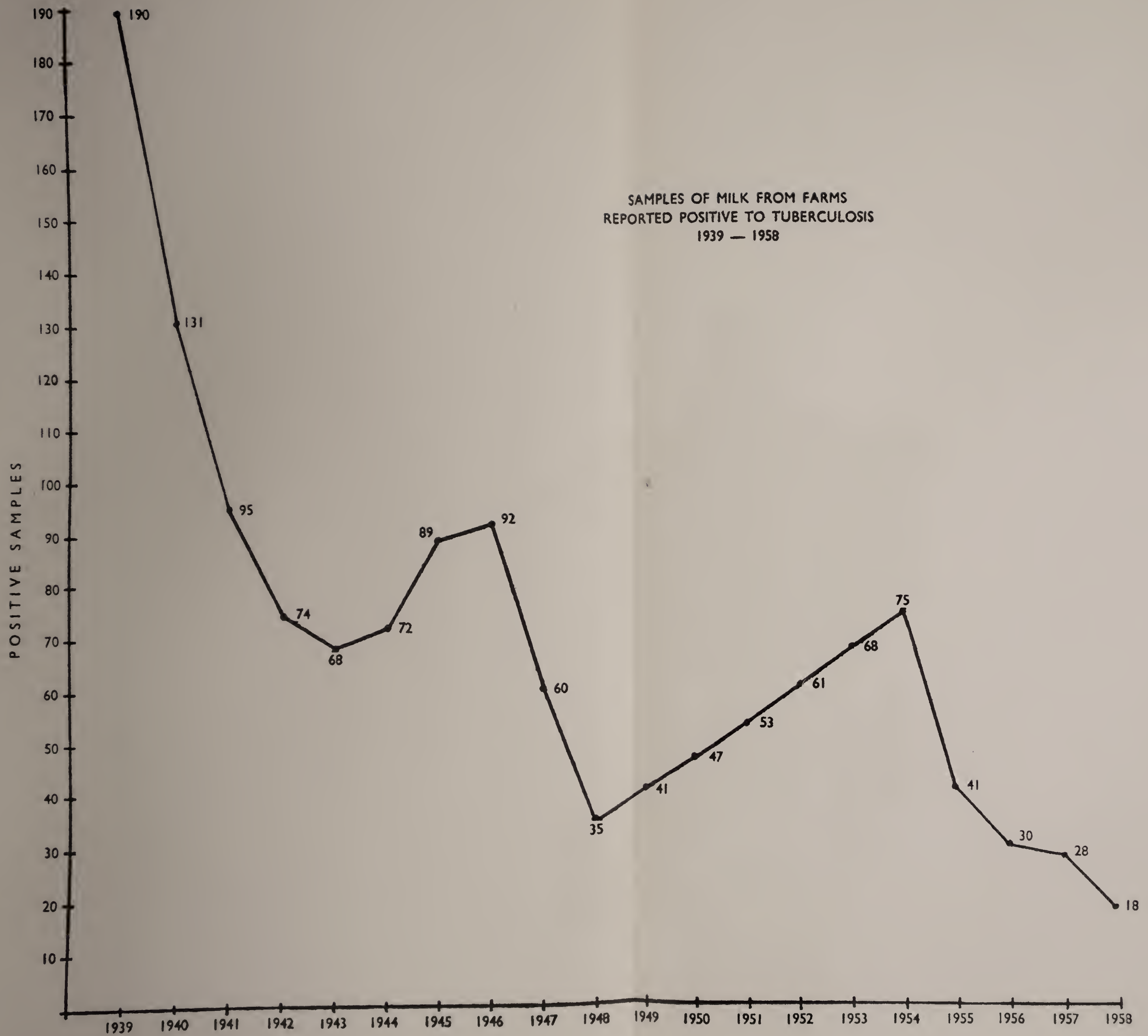
### Milk Sampling by County Officers

The following is a summary of the work carried out under this heading during the year. It has been possible to continue the supply of pasteurised milk to all Schools and the samples obtained from this source were subjected to the Phosphatase test.

Type of Sample	Collected By	Samples Submitted	No. of Farms Involved	No. of Cows Involved	Samples not Tested	Result of Biological Examination	
						Negative	Positive
Mixed Herds	Milk Samplers	1,085	2,781	31,245	18	1,049	18
School Milks	County Health Inspector	106	Phosphatase Test		Methylene Blue Test		
			Con-forming to standard	Not conforming to standard	Con-forming to standard	Not conforming to standard	*Not Tested
			106	—	94	1	11

\*Samples "not tested" are those which in accordance with the provisions of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations were not submitted to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

SAMPLES OF MILK FROM FARMS  
REPORTED POSITIVE TO TUBERCULOSIS  
1939 — 1958







## School Milk

Just a brief mention of "School Milk." On a normal school day approximately 72,000 bottles of milk are consumed in our schools and for some years this has been an all-pasteurised supply.

In a wide County area such as this and including many sparsely populated villages not yet within the area of distributors, this is particularly pleasing.

Samples are taken of all the various sources of supply and the Public Health Laboratory at Nottingham render yet another service to us in testing our samples. During the year, 106 samples were collected for testing so that we might be assured that pasteurisation was properly carried out and that the milk was of good quality.

## Prevention of Sale of Tuberculous Milk

The County Council as a Public Health Authority has a very natural interest in the subject of milk production and distribution, its purity and its quality, but in Section 31 of the Food and Drugs Act, 1955, the authority has a specific function in the detection of tuberculous milk. We have had this responsibility for many years under various legislative powers. The great national effort now taking place to eliminate the disease from our dairy herds seemed to call for a brief comment on this work.

In order to maintain a constant investigation, two Milk Samplers are fully engaged and the area of activity is, of course, the whole County area. About thirty samples are taken each week and testing is undertaken by the Public Health Laboratories at Wakefield and Nottingham. Any positive report leads to administrative action. The Medical Officer of Health of the County District is kept informed of the results, as he is a very interested party in this matter and is empowered to restrain the sale of any particular milk in his area should the need arise.

The number of samples taken by the Department and examined by the laboratories, during the year, was 1,085 of which eighteen were reported positive to tuberculosis.

The number of farms involved was 2,781 and the number of cows 31,245.

An extract from our records of this work covering the past twenty years gives a fall in tubercle positive samples from 190 in 1939, to eighteen in 1958. The fall has not been gradual but the 1958 figure is the lowest ever recorded and by a wide margin.

I would like to record my appreciation of the work of investigation by the Divisional Veterinary Officer and his staff so closely linked with ours in this particular field of preventive work.

Under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950, Nottinghamshire became a "Free Testing Area" when the Eradication Plan commenced on the 1st March this year.

During a period of two years, producers will have the opportunity to join the scheme voluntarily. In March, 1960, the County will form part of an area declared to be an Eradication Area, when all animals so far untested will be subject to examination. By 1961, it is hoped that Nottinghamshire—and indeed the whole country—will have become an attested area.



## SECTION V.

## (a) CLINICS AND TREATMENT CENTRES

The table which follows shows the various Clinics and Centres in operation in the County and the figures shown opposite each place indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Arnold—Arnot Hill Park	8	2	—	8	—
Arnold—Cavendish Street	4	—	—	—	—
Awsworth	2	2	—	—	—
Balderton	4	2	—	4	—
Beauvale	4	2	—	—	—
Beeston—Dovecote Lane*	12	6	—	8	44
Bestwood	2	1	—	—	—
Bilsthorpe	4	2	—	8	—
Bingham	4	2	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Brinsley	2	2	—	—	—
Bunny	2	—	—	—	—
Burton Joyce	2	—	—	—	—
Calverton	8	2	—	—	—
Carlton—Parkdale	4	2	—	—	—
Carlton—Park House	16	4	1	12	28
Carlton-in-Lindrick	4	2	—	—	—
Chilwell—Ordnance Depot	2	2	—	—	—
Chilwell—Inham Nook	6	2	—	—	—
Clipstone	4	2	—	8	—
Collingham	2	1	—	—	—
Cotgrave	2	1	—	—	—
Cropwell Bishop	2	1	—	—	—
Cuckney	2	1	—	—	—
Dunham-on-Trent	2	1	—	—	—
East Bridgford	2	1	—	—	—
East Leake	2	2	—	4	—
East Retford	12	4	—	8	28†
Eastwood	4	4	—	8	16
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Forest Town	4	2	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	28
Hickling	2	1	—	—	—
Hucknall	12	4	—	12	36
Huthwaite (Sutton-in-Ashfield)	4	2	—	8	—
Keyworth	2	2	—	—	—
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	4	—	8	8
Lambley	2	1	—	—	—
Langar	2	2	—	—	—
Langold	4	2	—	8	—
Lowdham	4	2	—	—	—

(\*) Ultra-Violet Light Treatment—8 sessions per month.

(†) Includes Evening Sessions.

CLINICS AND TREATMENT CENTRES—*continued*

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Mansfield—St. John Street* .....	8	4	—	—	—
Mansfield— St. Lawrence Church Hall .....	8	—	—	—	—
Mansfield—Brownlow Road .....	4	—	—	—	—
Mansfield—Hermitage Avenue .....	8	2	—	8	—
Mansfield—Pleasley Hill .....	4	—	—	—	—
Mansfield—Redcliffe House .....	—	—	—	4	50†
Mansfield—Pleasley .....	—	—	—	4	—
Mansfield Woodhouse .....	8	2	—	8	—
Manton (Worksop) .....	2	—	—	—	—
Mapperley (Plains Road, Arnold) .....	4	—	—	—	—
Mattersey .....	2	1	—	—	—
Misterton .....	4	2	—	—	—
Newark .....	8	2	—	12	20
Newark (Hawtonville) .....	8	—	—	—	—
Newstead .....	4	2	—	—	—
North Muskham .....	2	1	—	—	—
Nottingham (Clarendon Street) .....	—	—	—	—	52†
Nuthall .....	2	2	—	—	—
Ollerton (Methodist Chapel) .....	8	4	—	8	—
Ollerton (Briar Road) .....	—	—	—	—	8
Papplewick .....	2	1	—	—	—
Plumtree .....	2	2	—	—	—
Porchester (Carlton) .....	8	2	—	—	—
Radcliffe .....	2	2	—	4	—
Rainworth .....	4	2	—	—	—
Ranskill .....	2	1	—	—	—
Ruddington .....	2	2	—	—	—
Selston .....	2	2	—	8	—
Shireoaks (Worksop) .....	2	—	—	—	—
South Clifton .....	2	1	—	—	—
South Leverton .....	2	1	—	—	—
Southwell .....	4	2	—	4	—
Standhill Road (Carlton) .....	4	—	—	—	—
Stanton Hill (Sutton-in-Ashfield) .....	4	4	1	—	—
Stapleford* .....	8	2	—	8	12
Sutton Bonington .....	2	2	—	—	—
Sutton-in-Ashfield—Forest Street .....	8	6	1	—	—
Sutton-in-Ashfield—Lawn House .....	—	—	—	8	6
Sutton-on-Trent .....	2	1	—	—	—
Syerston .....	2	1	—	—	—
Trowell .....	2	1	—	—	—
Tuxford .....	4	2	—	—	—
Underwood .....	2	1	—	—	—
Warsop .....	8	4	—	8	—
Warsop Vale .....	2	—	—	—	—
Welbeck Colliery Village .....	2	—	—	—	—
West Bridgford—Melton Road .....	12	4	1	—	—
West Bridgford—Alford Road .....	4	2	—	—	—
West Bridgford—Parochial Hall .....	—	—	—	4	—
West Bridgford—Loughborough Road .....	—	—	—	—	48†
Westwood .....	2	2	—	—	—
Willoughby-on-the-Wolds .....	2	1	—	—	—
Woodborough .....	2	1	—	—	—
Worksop—Carlton Road .....	8	4	—	—	—
Worksop—Watson Road .....	—	—	—	8	18

(\*) Ultra-Violet Light Treatment—8 sessions per month.

All Centres and Clinics are equipped for vaccination or immunisation and this is carried out at special sessions arranged according to need or at the request of a parent at a routine session.

(†) Includes Evening Sessions.



### **(b) NURSING HOMES**

One Nursing Home, accommodating nineteen medical or chronic cases, closed during the year and the approved accommodation of another Home was increased from nine to ten medical or chronic patients. At the end of the year there were six Nursing Homes registered and these provided a total of seventy-eight beds for medical or chronic cases.

## **SECTION VI.**

### **SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS**

#### **DOMICILIARY HEALTH SERVICES AND THE ELDERLY SICK AND INFIRM**

The Ministry of Health Circular 22/58 asks if information can be given of any special ways in which it may have been found possible to strengthen the Domiciliary Health Services (including the Home Help Service) provided for the elderly sick and infirm, following the Council's consideration of the Minister's Circular 14/57 dated 7th October, 1957.

Since the coming into operation of the National Health Service Act, 1946, the visiting of the elderly sick has become part of the duties of the extended Health Visiting Service. Reference has been made elsewhere in this Report to the hampering effect of the shortage of Health Visitors on the performance of the wider functions envisaged by the National Health Service Act. It has, however, been possible for the Health Visitors, on request, to furnish sociological reports on patients recommended for admission to or discharge from the geriatric wards of the Nottingham City Hospital though this type of activity forms a considerable part of the work undertaken by the three Almoners employed by the County Council. The reports undoubtedly assist the Hospital Authorities to determine the degree of need for the hospital accommodation of the patients concerned.

The Domestic Help Service plays an ever-increasing part in the problem of the care of the aged. The evening service is of assistance mainly to bedridden people (many of them elderly) living alone, and the Home Helps perform such services as the preparation of the evening drink, attention to the comfort of the patient for the night, and making-up the fire.

The Night Attendant Service, a comparatively recent development, is available to old or sick people for whom adequate help is not available from relatives or voluntary societies.

Reference has been made elsewhere in this Report to the need for adequate notice of the discharge of elderly patients, particularly those without relatives, from hospital. There is also extensive reference to problems arising from the care of the elderly in the section of the Report which deals with the first ten years of the National Health Service.

Although no special provision has been made to meet the increasing demands made by the elderly on the services of the District Nurse, this demand has invariably been met, and arrangements are in operation for the District Nurses to make regular calls at the Homes provided by the Council for elderly people to give nursing assistance as necessary.

There is effective co-operation so far as the care of the elderly is concerned between the Health and Welfare Departments of the County Council, which co-operation is materially strengthened by the fact that the District Welfare Officers are also employed by the Health Committee as Mental Health Workers for fifty per cent. of their time.

## **THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE**

Ministry of Health Circular 22/58 asks for a brief general review of the manner in which during the past ten years of the National Health Service the Local Health Services have functioned in the wider setting of the National Health Service generally.

This has been taken to mean that comment is required by the Ministry on the functioning during the period in question of the Services administered by the County Council as Local Health Authority in relation to the other Services which comprise the National Health Service—namely, the Hospital and Specialist Services, the General Medical and Dental Services, the Pharmaceutical Services, and the Supplementary Ophthalmic Services.

The actual comment which follows deals with such questions as the adequacy of the Services ; the degree and effectiveness of co-operation ; the extent to which development of co-operation is hampered by inadequacy of staff ; the extent to which the Services provided by the Local Health Authority relieve the Services (e.g., the Hospital Service) provided by other branches ; and finally the adequacy of mutual interchange of information on which effective liaison very much depends.

## **PARTICULAR SERVICES**

### **Care of Mothers and Young Children**

The formal arrangements referred to in the 1952 Report for the reference of patients to the Hospital and Specialist Services have continued and have proved effective. Reports in such cases are received promptly, and the provision for copies of the reports to be furnished to the patient's medical practitioner has formed a useful link between the three Services.

The joint use of staff in connection with the Paediatric, Ophthalmic and Child Guidance Clinics has assisted to a considerable extent in securing a close relationship with the Hospital Services, and the interchange of information with regard to cases dealt with under these schemes is of course, adequate.

It is of interest to note that reports (in the form of copies of letters to General Practitioners) are also consistently received from the Consultants concerned in the schemes referred to in the previous paragraph for patients



seen at ordinary Hospital Out-Patient sessions ; whereas reports from other Consultants (apart from those serving the Nottingham Children's Hospital) are not so regular. Very few reports are received with regard to expectant mothers referred direct to Hospital Consultants by their private Doctors.

Copies of letters sent by Hospitals to General Practitioners on the discharge of maternity patients are received regularly, both as regards cases referred through this Department and for those admitted otherwise although there is, at times, a substantial—and from a follow-up point of view—an unhelpful gap between the date of discharge and the receipt of the letter.

The arrangements introduced for furnishing medical practitioners with copies of reports of blood examinations (Rhesus factor and haemoglobin estimation) assisted to a considerable extent in bringing the medical practitioners and the clinic staff into closer relationship. The medical practitioners have been invited to refer their "booked" maternity patients to the Clinics for blood investigations and relaxation instruction, without their being involved necessarily in the clinical and other activities of an Ante-Natal Clinic, and many doctors have whole-heartedly responded to this invitation. The provision of these facilities may however, have resulted in a reduction in the attendances at Ante-Natal Clinics, as it became apparent that some expectant mothers had previously attended solely for the purpose of receiving relaxation instruction.

With the cordial co-operation of Dr. A. E. Beynon, Medical Director of the Nottingham No. 1 Mass Radiography Unit, expectant mothers resident in the southern half of the County are referred for routine chest X-ray examination. Similar arrangements exist for mothers in the northern half of the County, but the Mass Radiography Units serving this area are not always available, as they also have commitments in Derbyshire and Yorkshire. Arrangements have recently been completed with Dr. E. J. S. Townsend, Consultant Pathologist for King's Mill Hospital, for expectant mothers resident in the Mansfield area to be examined by the Odelca Camera Unit at that Hospital and it is hoped that similar facilities will shortly be available in the Worksop and Retford areas.

The provision of courses of instruction in relaxation for expectant mothers which were introduced in 1956, has proved exceedingly popular. Under the tutelage of Mrs. A. H. Lawson, the part-time Physiotherapist, sixty-three Health Visitors have been trained, and by the end of 1958 regular weekly classes were operating at twenty-four Centres. Eighty-six Midwives have also attended courses.

In addition to the expectant mothers attending the Ante-Natal Clinics and those referred by General Medical Practitioners, this form of instruction has been afforded to many cases referred by Hospital Consultants.

The restricted hospital accommodation for maternity cases requiring admission on sociological grounds continues to necessitate rigorous investigation of each application. This has, on occasion, caused irritation to the medical practitioners who referred the cases. The Hospitals have



met whenever possible my constant pleas for the admission of cases over and above the monthly "quotas," but there have been occasions when they were booked to capacity and it has been necessary to seek the assistance of the Regional Hospital Board with a view to beds being found outside the County. Although no grossly needy case has been refused accommodation, many mothers have had to be referred to Hospitals some considerable distance from their homes, and the excessive travelling thus involved has been a source of concern, not only to the mother but also to her relatives.

It had been hoped that the opening of maternity wards at King's Mill Hospital would have solved the difficulty, but up to now the maternity accommodation available at that Hospital only offsets that which had previously been provided at the Mansfield Victoria Hospital and which was closed when the maternity department at King's Mill Hospital was established. In May, 1958, Highbury Hospital were able to increase their quota from thirty to forty cases per month, and this additional accommodation was most welcome, as it counterbalanced the reduction in the monthly quota at the Worksop Kilton Hospital.

The percentage of institutional deliveries (forty-eight per cent.) is still inordinately low compared with other parts of the country.

The Cranbrook Committee have recommended that Hospitals should provide accommodation for seventy per cent. of the total births, in addition to beds for ante-natal care. To raise the hospital confinements from the present forty-eight per cent. to the recommended seventy per cent. would need a further sixty beds, and this would be obviously impracticable to accomplish in the immediate future, both as regards the economic and staffing points of view. Nevertheless, an immediate increase of thirty-two hospital beds for confinements (say twenty additional beds at King's Mill Hospital, eight at Highbury Hospital, and four at Newark Maternity Wing) would raise the number of hospital confinements to sixty per cent. of the total births and bring the facilities in this County more into line with those available in the other areas in the Region.

The appointment in 1957 of Miss J. M. Cooper as a full-time Auditory Therapist in connection with the arrangements for the routine hearing testing of pre-school children brought this aspect of the Local Health Authority's Services into close contact with the Consultant Otologists at the various Hospitals.

Reference is made earlier to the arrangements for General Practitioners to be furnished with copies of reports on cases referred to hospital consultants from Clinics, with copies of reports on blood investigations, and of the reports (in the form of copies of letters to General Practitioners) which are received from hospitals. Hospitals are, of course, furnished with all the information available in respect of maternity cases referred for admission. Apart from the foregoing, the interchange of information could not be described as entirely "adequate," particularly in connection with pre-school children.

## Domiciliary Midwifery

Throughout the ten-year period the arrangements have continued whereby a Domiciliary Midwifery Service is provided partly by the Local Health Authority direct (County Midwives) and partly by the District Nursing Associations acting as agents of the Local Health Authority (District Nurse Midwives).

This Service has for some time suffered from a shortage of staff, and this shortage has been the only subject of complaint by the General Medical Practitioners, with whom co-operation has been excellent.

The discharge of maternity patients from hospital to their homes before the completion of the lying-in period has sometimes been found necessary in order to make the best possible use of the meagre hospital accommodation available, which is the subject of comment earlier in this review. This necessitates close liaison between the Hospital and the Local Health Authority to ensure that the services of a Midwife are available to the patient when she reaches home. In this connection co-operation is reasonably efficient where the Hospital considers the patient requires the urgent attention of the Midwife, but it is not always appreciated that *every* patient is entitled to the services of a Midwife throughout the lying-in period.

The Local Health Authority have co-operated with the Mansfield Hospital Management Committee in the establishment of a Part II Midwifery Training School at King's Mill Hospital, and are providing district training for the Pupil Midwives.

It is of interest to note that the number of claims submitted by medical practitioners under the Midwives Acts has fallen from 830 in 1949 to 172 in 1958. These claims are in respect of services provided at the request of the Midwives for maternity cases who require medical aid.

## Health Visiting

During the period under review the staff of Health Visitors employed by the County Council has never been really adequate to carry out all the Health Visiting functions as they were extended by the National Health Service Act, 1946.

The industrial Midlands can never have the same attraction for staff as, say, the London area or the coastal Counties. This is a circumstance much to be regretted, as, whatever the type of area she serves, the Health Visitor should be the key worker in that area as far as the Local Health Services are concerned. She should, moreover, have time to establish a proper liaison with the General Practitioners working in her area.

Co-operation between Health Visitors and General Practitioners has been good in some areas and not properly established in others. Doubtless this is to some extent dependent on the personality of the persons concerned, and it is not easy to suggest how improvements can be effected in urban areas where a few Health Visitors, each with a defined district, may be serving a population catered for by a large number of Doctors. In such areas it may not be possible for each Health Visitor to be in close contact with all the Doctors, each of whom has patients in her district. In a rural area, co-operation is much easier and, in this County, I believe, is of a high order.



Co-operation between the Health Visitor and other branches of the National Health Service as provided by the Local Health Authority is generally good, but would be improved if the limited staff of Health Visitors had more time at their disposal.

### **Home Nursing**

Throughout the ten-year period under review the arrangements for the provision of a Home Nursing Service by the Nottinghamshire Nursing Federation and the District Nursing Associations acting as agents of the County Council have been maintained.

There is excellent co-operation between the Home Nurses and the General Medical Services, practically the only complaints ever received from the latter being that the Nurses tended to overwork, despite the fact that the ratio of staff to population has been maintained at a consistently high level and indeed considerably improved during the first decade of the National Health Service. There is also a very satisfactory relationship between the Home Nursing Service and the other Services provided by the County Council as Local Health Authority.

Between the Hospital Service and the Home Nursing Service there have been occasions when liaison could have been more effective. It is, for example, not always appreciated by the Hospital Service that a District Nurse serving a scattered rural area cannot always be reached at very short notice. Adequate notice of the discharge of a patient from hospital may in such circumstances be essential to secure continuity of treatment and care. It must also be remembered that the care of the patient on discharge from the hospital is the primary duty, not of the Local Health Authority, nor of the Home Nursing Service provided by them, but of the General Medical Practitioner in charge of the case. It is his responsibility to call in the services of the District Nurse and to instruct her as regards the treatment of the patient.

There has been much evidence to prove that during the decade under review the Home Nursing Service has been of considerable assistance in ensuring an economical turnover of hospital beds and, indeed, has been the means of keeping many patients—and particularly old people—out of hospital.

### **Vaccination and Immunisation**

The number of General Practitioners taking part in the Local Health Authority's arrangements has increased from 274 at 31st December, 1952, to 369 at 31st December, 1958, and co-operation with them has been generally satisfactory.

In addition, 301 General Practitioners in the Council's area had agreed to take part in the Poliomyelitis Vaccination Scheme by the 31st December, 1958.

### **Ambulance Service**

The County Ambulance Service in its first full year of operation—1949—conveyed a total of 80,922 patients and this figure has increased steadily until, in 1958, 135,645 patients were carried—an increase of 54,723 or 67%. This comparison is perhaps the best way of demonstrating

the close relationship of the Ambulance Service with the Hospital and Specialist Services in Nottinghamshire. In fact it can be said that the respective Services are virtually dependent upon each other for their efficiency and smooth functioning.

To meet increasing demands for transport for hospital admissions and discharges and out-patient clinic attendances, a number of developments have taken place in the Ambulance Service, principally the introduction of radio control of vehicles which was in full operation throughout the County by April 1954, and changes in the composition of the vehicle fleet. Taking account of the fact that the majority of patients carried attend out-patient clinics and are sitting-cases, the original establishment of forty-two ambulances and thirteen sitting-case vehicles has been varied to twenty-six ambulances and twenty-nine dual-purpose vehicles, three of which are of the larger type. A close study of the demands made upon the Ambulance Service in particular areas has also enabled a number of small Ambulance Stations to be closed and resources concentrated in the populous areas in which the Hospitals also are situated.

The inter-dependence of the respective Services has in itself fostered a very close degree of co-operation with the various Hospital Management Committees in the County and, in day-to-day administration, both parties have come to a full realisation of individual and mutual problems. Much has been achieved in removing or reducing these problems, by frequent meetings at officer level.

One of the main difficulties which will presumably always be experienced lies in the different conceptions of the medical need for ambulance transport. The authorisations for the provision of ambulance transport are furnished by many General Practitioners, and by the medical officers and other recognised officers of a considerable number of hospitals. The Ambulance Service is, in effect, the "common denominator" dealing with the persons to whom the authorisations relate, and the standards adopted can be compared. Much has been done through the Nottingham County and City Executive Council and the various Hospital Management Committees, aided by Ministry circulars and notices, to reduce the "abuses" of the Service which were particularly prevalent in the early years, but it is only fair comment to say that the "Rules on the Use of the Service" issued by the Ministry are none too rigidly observed. In many instances the impression is gained and has often been confirmed that ambulance transport is requested solely as a convenience to ensure that patients do in fact attend for treatment. The very fact that the majority of patients carried are ambulant sitting-cases, gives grounds for the contention that many of these could, and do at other times, use public transport.

In the early years difficulties were experienced with Hospitals with regard to the number of their officers who made direct contact with the Ambulance Service to make transport requests. This on many occasions led to duplication of journeys and other anomalies, but the situation has been greatly improved, on a mutually agreed basis, by alterations in the Appointments system at individual Hospitals and the assignment of particular officers to be the sole contact with the Service.



Perhaps the most satisfactory arrangement is that adopted by the Nottingham General Hospital, one of the principal users of both the County and City Ambulance Services, in the appointment of a Transport Officer who maintains a general liaison between the Out-patient Clinics, the Wards of the Hospital, and the Ambulance Services. This appointment has proved to be of considerable benefit to the County Service, for patients attend this Hospital from outlying areas all round Nottingham and it is essential that arrangements are made for as many patients as possible to be carried on each ambulance journey commensurate with the condition of individual patients and other factors.

No other Nottinghamshire Hospital has, as yet, made a similar appointment but the endeavour has been made, particularly with the Mansfield group of Hospitals, so to adjust the appointments system that patients from the same area can be brought in for the same time, and discharges dealt with in conjunction with the return journeys.

A feature of co-operation with hospitals providing maternity beds has been the increasing use made of ambulances for the early discharge of patients to their homes only a few days after the birth of their children. Latterly also there have been instances of mentally-ill patients being conveyed to and from hospital daily rather than being admitted. There has also been a steady increase in latter years of the number of persons, mainly aged and infirm, who have been conveyed from one relative's home to that of another. In these ways the Ambulance Service has played a material part in lessening the demand on hospital beds.

## **Prevention of Illness, Care and After-Care**

### **Tuberculosis**

By close co-operation with the Chest Physicians and a consequential increase in the whole-time Tuberculosis Visiting Staff from two to five in the period since 1952, the contact examination rate per newly notified case has been increased from 1.4 in 1952 to 4.8 in 1957, and to 7.4 (including a special survey at a County School) in 1958.

The number of contacts vaccinated against Tuberculosis at the Chest Clinics in the County also rose in this period from 156 in 1952 to 1,138 in 1958.

Domiciliary visits by the Council's Tuberculosis/Health Visitors increased from 3,986 in 1952 to 8,162 in 1958, and their sessional attendances at Chest Clinics from 671 in 1954 to 1,002 in 1958.

It is therefore satisfying to note a decline in the incidence of Pulmonary Tuberculosis to a rate of 0.53 per 1,000 population in 1958—the lowest ever recorded for the County.

### **Other Forms of Illness**

Generally satisfactory co-operation has been maintained with Hospital Staff and with General Practitioners in the Services provided under this heading.



Cases referred to the County Almoners, who make routine attendances at four Hospitals in the County which are without Hospital Almoners, increased from a total of 936 in 1952 to 1,753 in 1958, and the number of cases assisted by the loan of the larger items of home nursing equipment through the Health Department from 156 (201 articles) in 1952 to 549 (766 articles) in 1958.

### **Generally**

It is believed that provision of the above services has to some extent lessened the demand on hospital beds ; e.g., by the loan of an alternating pressure point pad a case of paraplegia is now being successfully nursed at home, whereas in the absence of adequate day and night attendance he had previously to be nursed in hospital.

The effectiveness of the Care and After-Care Services could perhaps be improved by more efficient liaison on the part of some Hospital Staffs. This is another instance where longer notice of the discharge of a patient would add to the efficiency of the service provided by the Local Health Authority. It would further improve co-operation and efficiency if Hospitals would invariably indicate, as regards patients about to be discharged, their requirements, in precise detail, from the Care and After-Care Service of the Local Health Authority. This would frequently save time and trouble and add materially to the comfort of the patient.

### **Domestic Help**

There has been considerable development of the Domestic Help Service during the decade under review. At the time of writing there are ten District Offices, each staffed with a District Home Help Organiser and an Assistant Organiser (with in some cases a Second Assistant Organiser and in all cases the requisite Clerical Staff).

The number of cases served during the period has risen from 314 in 1949 to 510 in 1958. The hours of service given have increased from 102,516 to 794,749, and the number of Home Helps employed has risen from 129 to 690.

The increasing proportion of the aged in the population, the acute shortage of hospital beds for the chronic sick, the longer waiting lists for accommodation in Welfare Homes, and the unwillingness of many elderly householders to leave their own homes, have all contributed to the ever-increasing demands on the Service for people in these categories.

The co-operation between the Hospital Authority, the General Medical Practitioner and the Home Help Service is on the whole good, though longer notice of the discharge of patients from hospital to home, where their care will devolve upon the Home Help and the District Nurse, would be very helpful. The notice given is often too short for adequate arrangements to be made.

There have been instances where elderly patients without relatives have been discharged to their homes without the knowledge of the General Practitioner, throwing an undue degree of responsibility upon the Home Help Service, but in fairness it should be pointed out that old people are

often so anxious to get home that they deliberately mislead the Almoner by saying that they can be adequately cared for at home when in fact this is not so.

Where the condition of a patient who has been having Home Help for some time is deteriorating and the domiciliary services are no longer adequate, it has been possible in some instances, by the combined efforts of the General Practitioner, the District Home Help Organiser and the Hospital Almoner, to “exchange” the patient for one who, though without relatives, can be discharged home to the care of the General Practitioner, the District Nurse, and the daily attendance of the Home Help, thus releasing the hospital bed.

Judging from the number of bedridden or housebound patients receiving daily service (with evening and night attendance in addition, for those who need it), the call on hospital beds must be considerably lessened by the provision of these Services. Whilst many of our cases are well within the categories laid down in Circular 14/57 as being appropriate to either the care of the Welfare Authority—i.e., in Welfare Homes—or to the care of the Hospital Authority, it is often found that the patient is unwilling to leave home and eventually becomes entirely dependent on the Home Help Service and the District Nurse.

The increasing number of such cases, where the patients have spent months or even years in bed, seems to indicate the need for the increased provision of geriatric units in the hospitals of the future. No opportunity is, however, lost by the Home Help administrative staff to draw the attention of voluntary organisations for the aged to the needs of those who are no longer able to help themselves.

The arrangements necessary for the care of the households of bedridden or handicapped patients impose a heavy burden of responsibility upon the District Organiser, whose planning of the weekly programme must ensure that the available help (not always wholly adequate) is used for the priority cases and that it is sent at the times of day and evening when it is most required. There is much to consider when arranging the help, and perhaps the most important factor is to find the right Home Help for the particular case.

At this stage of the development of the Service, the fluctuating demand for the type of case described can sometimes only be met by depriving the less urgent but still needy cases of some of their help. Illness amongst the teams of Home Helps also reduces the amount of available help, and the average weekly hours per case drops to a drastically low figure at times.

It is felt that in the next stage of development of the Home Help Service the average hours per case should be stepped-up by increasing the ratio of Home Helps to the number of cases.

## **Mental Health**

The Authority's Mental Health Service has continued to function on the same lines as were described in the 1952 Survey, with the services of the field officers being devoted half-time to Mental Health and half-time to Welfare duties under the National Assistance Act.



In 1957, it was decided to increase the establishment of Assistant District Mental Health Workers/Welfare Officers from one to five, not only because of the increasing volume of work, but also to provide a nucleus of trained and experienced staff to fill senior posts as vacancies occur. There is, of course, a nation-wide shortage of suitable officers for this type of work and the increasing duties which will devolve upon Local Health Authorities when the recommendations of the Royal Commission are implemented, make it imperative that suitable courses of training should be arranged without delay.

Two purpose-built Occupation Centres were opened in 1953 and 1956 at Mansfield and Mapperley respectively, but there is still an urgent need for two further Centres to serve the North and East of the County and plans for these are now going ahead.

There has been a much closer degree of co-operation with local Mental Hospitals since the 1952 Report and the difficulties then referred to have been largely overcome, the arrangements for mutual assistance and exchange of information having now been established on a firm basis. In this sphere also, the Authority's officers have maintained a close and happy working relationship with local General Medical Practitioners who, generally speaking, do not hesitate to make full use of their services. Co-operation with Mental Deficiency Hospitals has always been close and any difficulties experienced in this direction have been almost entirely concerned with the shortage of hospital beds, particularly for children.

There is, of course, constant day-to-day co-operation and interchange of information with other Social Services, notably the Authority's own Home Help Service, Welfare, Children's and Education Departments, and Government Departments such as the National Assistance Board, the Ministry of Labour and the Ministry of Pensions and National Insurance. That the Services mentioned have played their part in restricting the demand on hospital beds for the mentally ill or sub-normal there can be little doubt, though the extent of such restriction is difficult to assess as the general shortage of accommodation since the war has largely imposed its own restrictions.

It is apparent from the Report of the Royal Commission and the Mental Health Bill now before Parliament, with their emphasis on a re-orientation away from the hospital and towards community care, that the Mental Health Services provided by Local Health Authorities can be expected to undergo considerable expansion within the next few years, though it would seem that the rate of expansion is likely to be governed very largely by availability of appropriate accommodation (hostels) and perhaps the greater problem of securing suitable and particularly qualified staff—a need fully recognised and discussed in the Younghusband Report.

## HEALTH CENTRES (Section 21)

The conditions favourable to the provision of a Health Centre have not applied anywhere in Nottinghamshire in 1958, and no Health Centre has so far been provided or projected.



## CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

### Ante-Natal and Post-Natal Clinics

The number of Centres at which the medical examination of expectant mothers and post-natal cases is undertaken was eighty-one on the 31st December, 1958, as compared with eighty-two the previous year. Some variation in the frequency of sessions has been necessary at certain of the Centres but the net result is that there are now one hundred and seventy-five sessions held per month compared to one hundred and eighty in 1957. In the scattered rural areas the work is combined with that of the Child Welfare Centres. For the more populous areas, separate sessions are held for ante-natal and post-natal work and at three of the larger Centres special sessions for post-natal cases are provided.

The percentage of cases attending these clinics, compared with the total number of births in the area, is 31.69 for ante-natal cases and 5.92 for post-natal cases.

Details of attendances made and medical consultations undertaken are as follows :—

		<i>Ante-Natal</i>	<i>Post-Natal</i>
<i>Attendances—</i>			
Primary attendances	.....	2,366	553
Individual mothers attending	.....	3,136	586
Total attendances	.....	14,679	726
<i>Medical Consultations</i>	.....	14,679	726

### Consultant Services

Consultant Clinics are attached to the Nottingham Hospital for Women, Highbury Hospital, King's Mill Hospital, and the Worksop Victoria Hospital and one hundred and eighty-two expectant mothers were referred by the Medical Officers to the Consultant Gynaecologists during the year. In addition, eighteen cases were referred for X-ray examination.

### Routine X-ray Examination of Expectant Mothers

Eight hundred and seventeen expectant mothers received chest X-ray examination under arrangements made with Dr. A. E. Beynon, Medical Director of Nottingham No. 1 Mass Radiography Unit. Fourteen mothers were recalled for large film examinations and seven of these were referred to a Chest Physician who found that three mothers were suffering from active pulmonary tuberculosis, hospital admission being arranged in two cases.

### **Relaxation Instruction for Expectant Mothers**

The progress made in the establishment of courses of instruction in relaxation for expectant mothers, and the training of Health Visitors and Midwives in this work is referred to earlier in this report. A total of 1,581 expectant mothers attended the classes, making 9,574 attendances. The gathering of expectant mothers in groups of ten or twelve affords an excellent opportunity for health education talks and full advantage is taken by the staff concerned in this work.

### **Maternity Hospital Accommodation**

Reference to these arrangements is also made in the part of this report relating to the co-ordination of services with other parts of the National Health Service.

The number of cases referred to Hospitals through the Department totalled 1,467. Of these, one hundred and thirty-one were on account of abnormalities ascertained at the ante-natal clinics, and 1,336 owing to unsuitable home conditions or other social reasons ; one hundred and eighty-seven applications in the latter category were unsuccessful and assistance through the Domestic Help and other Services was made available to these mothers.

### **Provision of Maternity Outfits and Pads**

Sterilised maternity outfits are provided free of cost to mothers who are to be confined in their own homes and during the year 5,704 outfits and sixty-eight packets of maternity pads were issued on the certificates of the Health Visitors or Midwives.

### **Family Planning**

Selected cases requiring advice are dealt with at special sessions at the St. John Street Centre, Mansfield, or referred to the Family Planning Association's Clinics at Nottingham, Sheffield or Doncaster. Assistance towards the cost of obtaining such advice is available to necessitous cases.

### **Haemoglobin levels in expectant mothers**

The scheme for the routine haemoglobin estimation of expectant mothers who attend the Ante-Natal Clinics or are referred by the General Practitioners was continued and I am indebted to Dr. E. R. Mitchell, the Director of the Public Health Laboratory, Nottingham, who kindly undertakes these estimations on the Council's behalf.

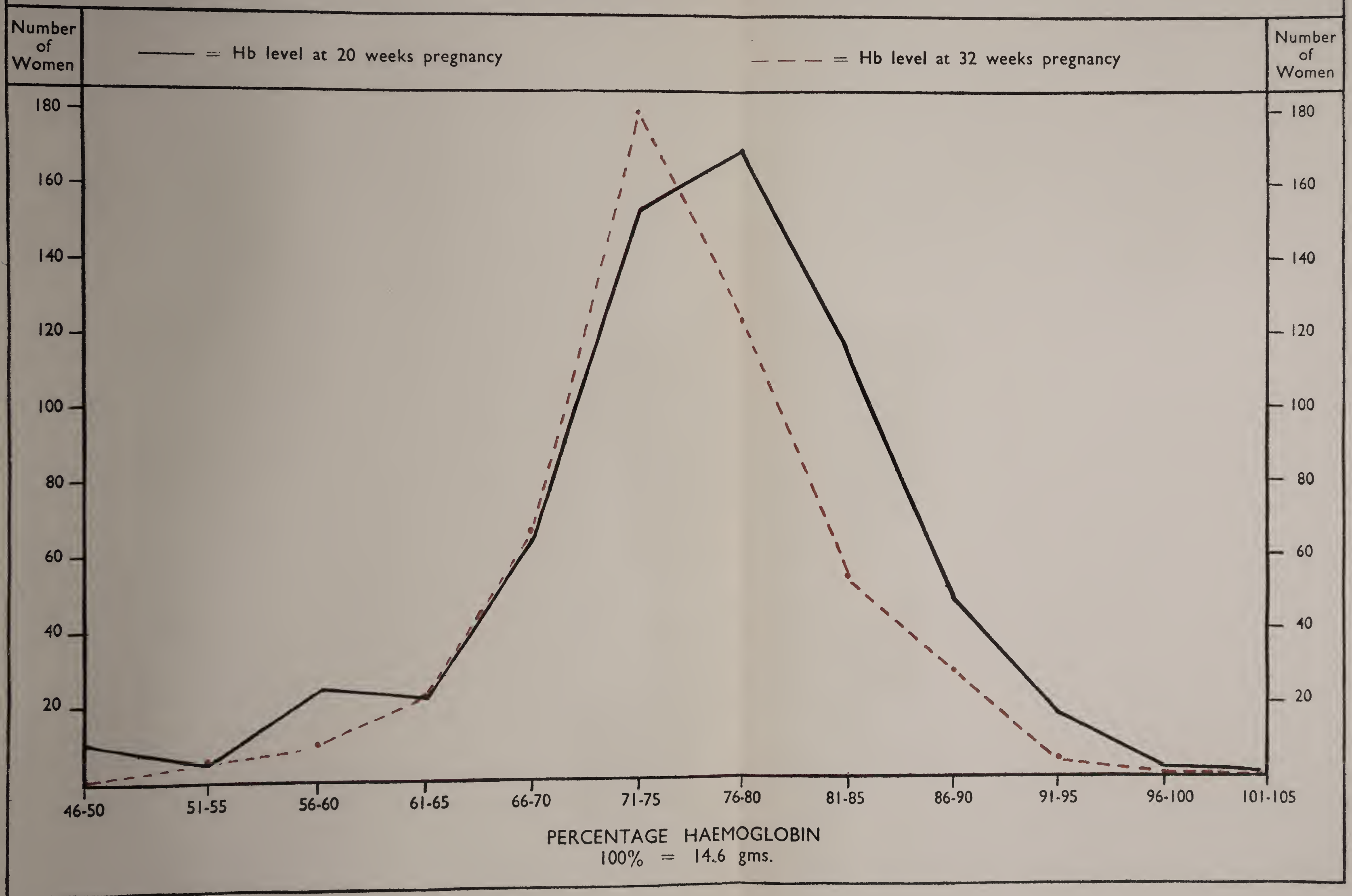
The following notes have been prepared by Dr. M. Gillatt, Medical Officer for Ante-Natal Services :—

“The assessment of haemoglobin levels in expectant mothers, introduced last year, has continued. A total of 2,771 examinations was made. Of these, 1,142 have been chosen for study. They comprised 635 in early pregnancy and 507 at 32 weeks. Once again the majority fall into the region 71-85, with the largest number 71-80. The accompanying graph shows that the general level of haemoglobin tends to be lower at 32 weeks than in early pregnancy. Thus, 154 women in early pregnancy were in the category 71-75, while 181 at 32 weeks fell within these limits in spite of the fact that fewer examinations were carried out at 32 weeks.

A comparison of the average haemoglobin level on women attending for their first pregnancy and those attending for their fourth showed a figure of 76 against 73, hardly a significant difference, though



# ESTIMATION OF HAEMOGLOBIN IN 635 WOMEN AT 20 WEEKS PREGNANCY AND 507 WOMEN AT 32 WEEKS PREGNANCY







in individual cases there were great discrepancies, i.e. a gravida 4 with haemoglobin of only 32% and a primipara reported 90%.

From this first sample were extracted a further 378 cases on whom tests had been performed at both 20 and 32 weeks. This smaller number is due to the fact that many seen in early pregnancy were transferred to hospital, General Practitioner, left the district or defaulted, while at 32 weeks many were included who had not attended a clinic until late in their pregnancy.

These 378 were studied individually to ascertain the change in haemoglobin levels and were classified according to the rise or fall as indicated in the following table :—

Down over 30 %	Down 26—30 %	Down 21—25 %	Down 16—20 %	Down 11—15 %	Down 6—10 %	Unchanged by more than 5 % up or down	Up 6—10 %	Up 11—15 %	Up 16—20 %	Up 21—25 %	Up 26—30 %	Up over 30 %
—	3	1	19	36	56	195	38	14	5	9	1	1

It will be noted that the general tendency was to fall rather than to rise. This appears to emphasise the importance of the second examination and of continuing to offer suitable iron preparations throughout pregnancy. It would appear probable that those who show a decided drop in haemoglobin level have failed to take the iron supplement with which they have been supplied.”

### Maternal Deaths

Five maternal deaths occurred during the year. Each death is fully investigated in conjunction with a Consultant Obstetrician and a comprehensive report forwarded to Mr. H. Jordan Malkin, in his capacity as Regional Assessor, for final submission to the Ministry of Health. Of the five deaths, one was located in each of the following districts :— Mansfield Borough, Worksop Borough, Hucknall Urban District, West Bridgford Urban District and Newark Rural District. The causes of death were as follows :—

1. a. Obstetric shock.  
b. Renal failure.  
c. Childbirth.
2. 1a. Bronchial pneumonia.  
2. Pregnancy.
3. a. Post partum haemorrhage.  
b. Afibrino genaemia.  
c. Pregnancy.
4. 1a. General peritonitis.  
b. Caesarean section and uterine sepsis.
5. 1a. Malignant hypertension.  
b. Toxaemia of pregnancy.

### Premature Births

The Table on page 50 gives details of the premature births, which occurred during 1958, classified under birthweights in accordance with the international standard used by the World Health Organisation.

The services of a paediatrician are available if required for babies born at home, as is also any additional nursing attention which may be necessary, together with the loan of equipment, including special cots.

Weight at birth	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS			
	Born in Hospital†				Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hos-pital	Born at home	Born in nurs-ing home
	Total	Died within 24 hrs. of birth	Sur-vived 28 days		Total	Died within 24 hrs. of birth	Sur-vived 28 days		Total	Died within 24 hrs. of birth	Sur-vived 28 days		Total	Died within 24 hrs. of birth	Sur-vived 28 days				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
(a) 3-lb. 4-oz. or less (1,500 gms. or less)	62	24	25	2	2	—	17	4	11	—	—	—	—	—	—	46	4	—	
(b) Over 3-lb. 4-oz. up to and including 4-lb. 6-oz. (1,500-2,000 gms.)	90	7	81	3	—	3	21	2	17	1	—	1	—	—	—	22	7	1	
(c) Over 4-lb. 6-oz. up to and including 4-lb. 15-oz. (2,000-2,250 gms.)	103	—	99	27	—	27	5	—	5	1	—	1	—	—	—	12	4	—	
(d) Over 4-lb. 15-oz. up to and including 5-lb. 8-oz. (2,250-2,500 gms.)	201	5	193	175	—	173	13	1	9	5	—	5	—	—	—	12	4	—	
TOTALS .....	456	36	398	207	2	203	56	7	42	7	—	7	—	—	—	92	19	1	

† The group under this heading includes cases which may be born in one hospital and transferred to another.



## Perinatal Mortality Survey

Under the auspices of the National Birthday Trust Fund, a National Survey on Perinatal Mortality was planned to be carried out in March, April and May, 1958, and the County Council agreed to co-operate. The Survey which comprised both clinical and pathological enquiries, was designed with a view to obtaining information from which it is hoped to make possible a reduction in stillbirths and neonatal deaths which account for some 30,000 deaths yearly and are not decreasing significantly in number.

The Clinical Enquiry took the form of a detailed questionnaire which was completed by the midwife in respect of every delivery which occurred between Monday, 3rd March and Sunday, 9th March, 1958, and on every stillbirth (after twenty-eight weeks' gestation) and neonatal death (under the age of twenty-eight days) which occurred during March, April and May, and arrangements were made for post-mortems to be carried out on all babies who were stillborn or who died under twenty-eight days during the month of March.

Prior to the Survey, meetings were held in four parts of the County for the purpose of briefing midwives concerning the completion of the questionnaires and advising them as to the procedure to be adopted in securing the parents' consent to autopsy in the event of stillbirth or neonatal death and for the transporting of the body to one of the hospitals for onward transfer to the Pathology Centres at Derby and Sheffield.

The completed questionnaires, including those completed by the Hospitals in respect of deliveries in hospital, were received and carefully checked in my Department and our efforts resulted in a 100% response. The number of questionnaires dealt with in this County was as follows :—

Live births (3rd-9th March)	.....	.....	.....	.....	146
Neonatal deaths (March, April and May)	.....	.....	.....	.....	19
Stillbirths (March, April and May)	.....	.....	.....	.....	42
					<hr/>
Total	.....	.....	.....	.....	207
					<hr/>

In a preliminary report, Dr. Neville Butler, the Director of the Survey, reported on the progress of the Survey which had been on a national scale; all teaching hospitals, all Hospital Management Committees (with one exception) and all Local Health Authorities (with one exception) participating. Return of completed questionnaires had reached 95% of the 18,005 live births which took place from the 3rd to the 9th March and 91.3% of the 8,316 notified perinatal deaths in March, April and May. It was known that at least 85% of the 2,700 notified perinatal deaths in the month of March received autopsy at special Centres. The tabulating of the mass of information thus obtained will naturally take some considerable time, but the Survey Committee hope to publish some of the results by the end of 1959 or early 1960.

## Child Welfare Centres

Reference was made in my Annual Report for 1957 to the programme for providing purpose-built clinics which the Maternity and Child Welfare Sub-Committee had formulated following their detailed review of the needs of the whole county, and of the postponement of this programme due to the restrictions imposed on capital expenditure. It was therefore with great enthusiasm that the news was received in November, 1958, that the Government were prepared to consider applications for loan sanction for projects which would be completed by December, 1959. Three schemes were immediately submitted and approved, i.e. new clinics for Hawtonville (Newark) and Manton (Worksop), and the extension needed for the Arnold Centre. The Maternity and Child Welfare Sub-Committee have approved a Standard Plan which has been designed with particular regard to the need for adequate facilities for health education and other group work. In view of the difficulty in recruiting dental staff it was considered uneconomic to provide separate dental surgery accommodation and equipment for individual clinics and provision has accordingly been made to permit a mobile dental van being parked at the side of the building for occasional dental sessions. The Sub-Committee are hoping to provide three or four purpose-built clinics each year during the coming years, either to re-house existing clinics held in unsuitable premises, or to serve developing areas.

One new Centre was opened (in hired premises) at Keyworth in March, and the Centres at Flintham and Upper Broughton were closed in view of the extremely low attendances and the availability of facilities in adjoining areas. At the end of the year there were ninety-four Centres, the number of sessions per month amounting to 406. There was an increase of 4,909 in the attendances of infants under one year, but a corresponding decrease in the attendances of children aged one to five years. A list of the Centres with details of sessions is set out on pages 33 to 34.

The work undertaken at the Centres during 1958 is shown in the following table :—

			<i>Attendances</i>		<i>Medical</i>
		<i>Primary</i>	<i>Individual</i>	<i>Total</i>	<i>Consultations</i>
Infants	.....	7,523	12,161	99,953	25,400
Children	.....	832	8,946	52,668	12,803
Expectant Mothers	.....	206	253	914	881
Post-Natal Mothers	.....	43	48	70	67
		<hr/>	<hr/>	<hr/>	<hr/>
		8,604	21,408	153,605	39,151
		<hr/>	<hr/>	<hr/>	<hr/>

## Supply of Dried Milk and other Nutrients

A comprehensive range of welfare foods is available for sale at all the Centres and, in addition, a variety of nutrients and certain simple medicaments are provided for free issue.

Both sales and free issues are subject to the recommendation and control of the Medical Officer at the Centre.



## Welfare Foods Service

The task of distributing the National Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin A & D Tablets and Orange Juice), undertaken by Local Health Authorities since the closing of Food Offices on the 28th June, 1954, has continued throughout the year under review upon the same lines as previously.

A decrease in the quantity of National Dried Milk issued during the year is again apparent and follows the pattern of a general falling off in consumption throughout the country as a whole. The following table gives the extent of the issues of all products during the twelve months ended 27th December, 1958, and the three years previously :—

<i>Year</i>	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>A &amp; D Tablets Packets</i>	<i>Orange Juice Bottles</i>
1958 .....	110,164	31,413	27,603	235,745
1957 .....	152,947	46,319	28,081	344,639
1956 .....	196,297	53,296	27,078	316,539
1955 .....	206,781	56,007	24,782	278,957

The number of Distribution Centres in operation at the end of the year was 134, of which ninety-four were County Council Centres and forty Voluntary Centres. The situation of the Centres as between Urban and Rural Districts was as follows :—

	<i>In Urban Districts</i>	<i>In Rural Districts</i>	<i>Total</i>
County Council Centres .....	37	57	94
Voluntary Centres .....	8	32	40

Additional Voluntary Centres were opened during the year at Bramcote, Clumber Park and Upper Broughton, whilst the County Council Centres at Flintham and Upper Broughton, and the Voluntary Centres at West Stockwith and Finningley R.A.F. Station, were closed.

A considerable number of voluntary workers have participated in the Service both in the running of the purely Voluntary Distribution Centres and also in assisting with the work at other Centres. I am indebted to them for the very good service which they have so willingly undertaken during the year.

## The Pre-School Child

The scheme for the ascertainment and follow-up of defects in children under school age was continued, cases requiring treatment being referred to the National Health Service in those cases where the arrangements could not be made directly by this department under the Authority's established Schemes. Included in the latter category were the following:

<i>Enlarged Tonsils and/or Adenoids</i>				
Operations performed .....	.....	.....	.....	154
<i>Orthopaedic Conditions</i>				
Pre-school children referred to Orthopaedic Clinics .....	.....	.....	.....	61



## Paediatric Service

Weekly sessions of Paediatric Clinics are held at the County Clinic, Clarendon Street, Nottingham, and at the Mansfield and Worksop School Clinics. The Clinics are attended by Dr. A. C. Blandy and Dr. M. Middleton, Consultant Paediatricians, by arrangement with the Sheffield Regional Hospital Board. Dr. Blandy also deals with cases by special arrangement at the Newark Hospital.

Pre-school children referred by Assistant County Medical Officers to these Clinics during 1958 were as follows :—

	<i>Mansfield</i>	<i>Nottingham</i>	<i>Worksop</i>	<i>Total</i>
New cases .....	17	33	7	57
Total attendances .....	42	97	32	171

## Routine Hearing Testing of Pre-School Children

Steady progress was made in connection with the Scheme for the routine hearing testing of pre-school children. Small groups of Health Visitors attended the Auditory Training Centre during the year for discussion purposes and to enable them to see a case demonstration and to observe hearing testing technique. This has resulted in a closer liaison between the Health Visitors and the Auditory Therapist, and cases of suspected deafness are being referred for assessment much earlier.

The two Audiometricians employed in the School Health Service have also been drawn more closely into the scheme and assist with some of the hearing tests which are undertaken at the Centre.

Close liaison with the Consultant Otologists and the Consultant Paediatricians at the various Hospitals was maintained and Miss Cooper continued to attend some of the E.N.T. Clinics for case discussion with the Otologists concerned.

Since the Auditory Training Centre is situated in the same building as the Child Guidance Clinic, it has been found very helpful for case discussion and assessment with the Educational Psychologists.

Assessment sessions at Clarendon Street and at the Newark and Worksop Clinics amounted to 304, whilst fifty-six sessions of work were carried out at the Nottingham General Hospital, Children's Hospital and the King's Mill Hospital. Amongst her other work, fifteen sessions were spent at other Hospitals, nine sessions devoted to child welfare centre assessment work and thirty sessions to school and home visits.

The cases dealt with at the Auditory Training Centre during the year were as follows :—

Cases referred .....	35
Action taken—	
Cases attending for observation assessment or treatment .....	17
Cases referred for Speech Therapy .....	4
Cases not requiring further assessment or treat- ment .....	14
	<hr/>
	35

On the recommendation of the Consultant Otologists, three children were provided with Minuet Transistor Hearing Aids.

## Defective Vision and Squint

Fourteen Ophthalmic Clinics have been established in the County and these are attended by Ophthalmic Consultants under arrangements made with the Regional Hospital Board. Children found at the Child Welfare Centres to have visual defects are referred by the Medical Officers to these Clinics and during the year eight hundred and fifty-one pre-school children were examined by the Consultants. Spectacles were prescribed in one hundred and seventy cases and these were obtained through the normal channels of the National Health Service.

## Boarded-out Children and Children placed for Adoption

At the request of the Children's Officers, City and County, the Health Visitors submitted special reports in respect of one hundred and fifty-nine proposed adoptors and foster-parents.

## Day Nurseries

The average daily attendances at the six Day Nurseries were similar to those over the previous few years and, in most instances, were well below the number of places available. At the time of writing this report, consideration is being given to the question of whether or not the standard charge of 6s. 6d. per day, which has been operating since May, 1957, is still appropriate, and also to the future policy with regard to the use of Day Nurseries generally.

Consideration of these aspects of our Service arose from the fact that the main purpose for which Day Nurseries were established, i.e. to free women for productive employment to help the war effort, no longer exists ; that the Nurseries now tend to meet an individual family need rather than a community or national one, and that so far as this County is concerned, their availability is limited to those county districts in which they happen to be sited.

<i>Nursery</i>	<i>Average daily Attendance</i>			<i>Number of Places</i>
	<i>Under 2 years</i>	<i>2-5 years</i>	<i>Total</i>	
Beeston .....	12	22	34	50
Bull Farm .....	5	21	26	40
Carlton .....	6	11	17	26
Newark .....	9	19	28	40
Stapleford .....	6	21	27	50
West Bridgford .....	5	13	18	25

## Scheme for Registered Daily Guardians

This Scheme, which has also been continued from the war years, meets a similar need to that met by Day Nurseries, i.e. women registered as Daily Guardians receive not more than two children into their own homes during the day whilst the mother is at work. In addition to the payment made by the mother, a Daily Guardian receives an allowance of



4s. per week from the County Council. The Health Visitors inspect the homes prior to registration and also undertake subsequent supervision. The cases dealt with during 1958 are shown in the following Table :—

Cases on Register at 1st January, 1958	.....	24
New cases approved	.....	13
Cases discontinued	.....	25
Cases on Register at 31st December, 1958	.....	12

### **Nurseries and Child Minders Regulation Act, 1948**

Three applications for registration as Child Minders under this Act were approved during the year and on the 31st December, 1958, there were eight registered Child Minders approved for the reception of sixty-five children.

### **Health of Children**

#### **Break-up of Families**

The Children's Officer acts as co-ordinating officer for the purpose of arranging case conferences on difficult families. The Department was represented at these conferences, as circumstances made necessary, by Health Visitors or Almoners, whilst on occasion the District Home Help Organiser or Mental Health Worker was invited to attend. The Health Visitors also assisted in the rehabilitation of families afforded temporary accommodation in the Welfare Committee's Residential Establishments.

Reference to the question of affording recuperative training to selected cases is included later in this Report under the heading "Training and Recuperation Centres for Neglectful Mothers."

### **DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND OF CHILDREN UNDER SCHOOL AGE**

The amount of dental treatment carried out during 1958 for expectant and nursing mothers and children under school age compared favourably with the amount undertaken in previous years but fell considerably short of the requirements due to the continued shortage of Dental Officers—a shortage which became more marked during the year.

As in former years, all the Dental Officers with the exception of the Orthodontist participated in this work and the number of sessions so devoted was 650, compared with 817 in 1957, this reduction being due to a fall in the numerical strength of the staff.

The year commenced with a carry-over from 1957 of fifty-three women who were still awaiting their initial dental inspection and during the year 1,189 expectant or nursing mothers were referred by the medical



staff or alternatively applied of their own volition for inclusion within the dental scheme. This gives a total of 1,242 women who are accounted for as follows :—

Number inspected	.....	.....	.....	.....	1,017
Number awaiting inspection on 31.12.58	.....				41
Number who dropped out of the Scheme before they were inspected	.....	.....	.....		184
Total					1,242

The comparatively large number of women (184) who dropped out of the Scheme was due, in the main, to the inability of the limited dental staff to offer inspection appointments within a reasonable period from the date of reference.

Of the 1,017 women inspected, 985 were offered treatment and 888 accepted the offers and received treatment through the County Service. Of this number who were treated, 650 were made “dentally sound” and the remaining 238 received partial treatment only. In more favourable staffing circumstances the majority of these 238 women would have been made dentally sound.

In regard to the provision of dental inspection and treatment for children under school age only a very small proportion of the demands could be met. Speaking generally, the pre-school children selected for treatment had to be those in need of urgent treatment because of pain or dental sepsis and the result of this was that only 175 defective teeth were saved from further decay by the insertion of suitable fillings.

The following table gives details of the dental work carried out during 1958, the corresponding figures for 1957 being shown in brackets for comparison.

	<i>Expectant and Nursing mothers</i>				<i>Children under five</i>		
<i>(a) Numbers provided with dental care</i>							
Number examined	.....	.....	.....	1,017	(1,043)	935	(1,205)
Needing treatment	.....	.....	.....	985	(1,010)	811	(1,058)
Treated	.....	.....	.....	888	(1,132)	770	(888)
Made dentally fit	.....	.....	.....	650	(696)	499	(570)
<i>(b) Forms of dental treatment provided</i>							
Extractions	.....	.....	.....	3,370	(3,233)	1,523	(1,805)
General anaesthetics	.....	.....	.....	275	(222)	458	(590)
Fillings	.....	.....	.....	916	(1,013)	175	(264)
Scaling and gum treatment	.....	.....	.....	301	(359)	34	(34)
Silver nitrate treatment	.....	.....	.....	15	(8)	543	(596)
Radiographs	.....	.....	.....	98	(110)	2	(1)
Full upper or lower dentures	.....	.....	.....	247	(303)	Nil	(Nil)
Partial upper or lower dentures	.....	.....	.....	204	(215)	Nil	(Nil)
Crowns or inlays	.....	.....	.....	Nil	(Nil)	Nil	(Nil)

### MIDWIFERY (Section 23)

The County Council's midwifery service is provided by the direct employment of whole-time County Midwives and by District Nurse-Midwives employed by District Nursing Associations affiliated to the Nottinghamshire Nursing Federation who act as agents of the County Council. The County is divided into areas of three types, i.e.

- (1) Areas covered by County Midwives only.
- (2) Areas covered by Midwives employed by District Nursing Associations.
- (3) Areas covered partly by County Midwives and partly by Midwives employed by District Nursing Associations.

At the end of the year the number of midwives employed in this work was as follows :—

County Midwives	.....	63
District Nurse-Midwives	.....	65

All the midwives employed by District Nursing Associations also undertake Home Nursing and the equivalent of whole-time midwifery services undertaken by these nurses was 18.70.

In addition to the above there were at the end of the year eight midwives engaged in private practice. Thirty-nine midwives were employed in hospitals.

The filling of vacancies caused by retirement or resignation again presented a problem, particularly in certain districts. It is hoped that the Midwifery Training School opened during the year at King's Mill Hospital will prove of assistance to recruitment when it is firmly established.

The County Council are the Local Supervising Authority for the whole of the administrative County.

Two hundred and eight midwives notified their intention to practise during 1958, four of these midwives undertook maternity nursing only.

Supervision was carried out by the whole-time Senior Non-Medical Supervisor of Midwives and the part-time Non-Medical (Assistant) Supervisor of Midwives, who devoted the remainder of her time to health visiting duties. Special cases are investigated by the Senior Medical Officer for Maternity and Child Welfare.

Routine visits of inspection amounted to 480 and there were 1,459 investigations made into abnormal cases.

Twelve County Midwives and six District Nurse-Midwives were suspended from practice for varying periods in order to prevent the spread of infection.

Medical aid was sent for on 999 occasions by Domiciliary Midwives. In 730 instances, the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service.



The number of claim forms submitted by medical practitioners was 172, claiming fees amounting to £485 18s. 0d.

Other statutory notices received from midwives were as follows :—

Notification of Stillbirth	.....	.....	.....	59
do.	Death of Child	.....	.....	15
do.	Death of Mother	.....	.....	—
do.	Laying out the Dead	.....	.....	5
do.	Liability to be a Source of Infection			202
do.	Artificial Feeding	.....	.....	1,905
				<hr/>
				2,186
				<hr/>

### Eye Discharge in the Newborn

One hundred and twenty-five cases of inflammation of, or discharge from, the eyes of new-born infants were notified, three being notified as Ophthalmia Neonatorum.

Every case attended by a midwife was inquired into immediately by a Supervisor (Non-Medical) of Midwives, and was subsequently followed-up by a Health Visitor. No case of resultant impaired vision was noted.

### Puerperal Pyrexia

Twenty-six cases of Puerperal Pyrexia were notified during the year, nine being concerned with domiciliary confinements and seventeen with deliveries in institutions. All made good recoveries.

### Deliveries attended by Midwives

#### Domiciliary Cases

	Doctor not booked		Doctor booked	
	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>
County Midwives .....	36	852	857	2,080
District Nurse-Midwives .....	6	195	259	774
Privately Practising Midwives .....	—	—	9	—
		<hr/>	<hr/>	<hr/>
		42	1,047	1,125
		<hr/>	<hr/>	<hr/>
				2,854
				<hr/>

#### Cases in Institutions

Hospitals .....	.....	2,255
Private Nursing Homes .....	.....	—
		<hr/>
		2,255
		<hr/>



## Administration of Analgesics

### Gas and Air Analgesia

One hundred and thirty-one of the one hundred and thirty-six domiciliary midwives practising in the County at the end of the year were qualified to administer this form of analgesia which was in consequence available in any part of the County. Sixty-two County Midwives and fifty-five District Nurse-Midwives were each equipped with a Minnitt Gas-Air Apparatus. The gas and air sets are regularly inspected and serviced by skilled engineers under a special arrangement with the manufacturers.

### Pethidine

Those midwives who had received the requisite training were permitted to administer this drug.

The work carried out under this heading is shown in the following table :—

	Gas and Air		Pethidine	
	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>
Administered by				
County Midwives .....	1,953	630	1,014	403
District Nurse-Midwives.....	721	207	377	118
Privately Practising				
Midwives .....	—	2	—	3
	<u>2,674</u>	<u>839</u>	<u>1,391</u>	<u>524</u>

### Visits by County Midwives and District Nurse-Midwives

	<i>County Midwives</i>	<i>District Nurse- Midwives</i>
Ante-Natal		
Home .....	38,725	10,845
Clinic .....	5,527	934
Delivery .....	3,825	1,234
Lying-in .....	76,225	30,269
	<u>124,302</u>	<u>43,282</u>

### Refresher Courses for Midwives

The Local Supervising Authority made arrangements for fourteen County Midwives and eight District Nurse-Midwives to attend, during the year, Refresher Courses organised by the Royal College of Midwives.

## HEALTH VISITING (Section 24)

The expansion of Relaxation Courses and Vaccination and Immunisation, together with the other hundred-and-one calls on the Health Visitors' services, resulted in a total of 12,395 sessions being devoted to work other than Home Visiting—an increase of 804 sessions on the previous year. Although the figures in the following Table show a decrease of 3,273 in the total number of visits compared with 1957, the visits made to infants and expectant mothers were actually more than in the previous year.

In addition to the effective visits set out below, 19,166 fruitless home visits were made on occasions when it was not possible to contact either the person to whom the visit was intended or a responsible representative.

First Visits to Infants .....	9,802
Revisits to Infants .....	43,861
Visits to Children aged 1 but under 2 years .....	27,586
Visits to Children aged 2 but under 5 years .....	69,056
Visits to Expectant Mothers .....	8,316
Visits to Post-Natal Mothers .....	7,685
General Health Visiting .....	4,894
	<hr/>
	171,200
	<hr/>

These figures do not include visits to tuberculous cases which are referred to later in this report.

Occupied as they are with work connected with Maternity and Child Welfare, School Health, Vaccination and Immunisation, and, in some instances, Tuberculosis visiting, the Health Visitors' contribution to the County Health Service is no small one.

### Training of Staff

#### Training Scheme for Pupil Health Visitors

The joint arrangements with the Nottingham City Authority for the training of Health Visitors resulted in the services of three Health Visitors being available for work in the County. In addition, normal recruitment filled most of the vacancies and at the end of the year only five posts remained unfilled.

#### Refresher Courses

The policy recommended by the Nurses' Committee of the Whitley Council of sending Health Visitors to Refresher Courses organised by the Women Public Health Officers' Association or the Royal College of Nursing was continued, and fourteen Health Visitors attended such Courses during 1958.



### **Case Demonstration—Hearing Testing**

As opportunities occurred arrangements were made for small groups of Health Visitors to attend the Auditory Therapy Centre for case demonstration and discussion, and to observe the technique of hearing testing. This has resulted in closer liaison between the Health Visitors and the Auditory Therapist.

### **Training in Mental Health**

Arrangements were made during the year for Dr. T. A. Ratcliffe, the Child Psychiatrist, to "tutor" Health Visitors in preventive mental health work, and in this connection Seminar Courses, each consisting of six meetings at weekly intervals, were commenced at the County Clinic, Clarendon Street, Nottingham. In view of Dr. Ratcliffe's other commitments and staff holidays only two Courses could be completed during 1958. These were attended by the three Superintendent Health Visitors and seventeen Health Visitors, and a unanimous appreciation of the Courses has been expressed.

Dr. Ratcliffe has provided the following report and comment upon the Seminar Courses :—

"Many of the emotional, psychological and behaviour problems of later childhood (and, indeed, of adult life also) have their beginnings in the pre-school years. At this stage, too, these problems are usually easily reversible through guidance, reassurance and support for the parents. During recent years, many of us working in the Child Guidance field, as well as some Public Health Medical Officers, have become increasingly concerned with the importance of this preventive work during the period of infancy.

It is clear that the key worker in this form of preventive mental health is the Health Visitor, who has access to the parents of most young children, both in her home visits and in the Maternity and Child Welfare Clinics. But if the Health Visitor is to undertake this new task adequately, she will need much more knowledge of the emotional and social development of children, of the psychological disturbances of childhood and of case-work help with parents, than used to be included in her basic training. This Authority was one of the earliest to appreciate this need. For in the basic Training Course for Health Visitors which this County jointly sponsors with the Nottingham City Authority, we have stepped up my own contribution to the students on this topic from twelve lectures in each Course, five years ago, to eighteen lectures and eight discussion sessions in the present Course. Inevitably, however, many Health Visitors had trained prior to this ; nor can one learn such skills entirely in the 'theoretical' atmosphere of a training programme. There was clearly a great need for some form of 'In-service' training for qualified Health Visitors in connection with their day-to-day work.

I was therefore very pleased when, in December, 1957, after some preliminary discussion, I was invited by this Authority to conduct a series of such 'In-service' sessions with Health Visitors from the County area.



During 1958, we have completed two such series of discussion sessions ; and we are three-quarters of the way through a third course. For each of the three courses, some twelve Health Visitors have taken part in a series of six one-and-a-quarter hour sessions held at three-weekly intervals at the Central Child Guidance premises in Nottingham. Each session is run as a discussion-group in which all the Health Visitors feel free and able to participate. My own task is to guide these discussions, and to contribute comment and opinion gained from the specialist field of Child Guidance. The unique value of this method is that it combines the experience and knowledge of Health Visitor and Children's Psychiatrist, and it links the new learning with the practical needs and work of the Health Visitor.

There is no doubt in my mind that these sessions have been of very great value, and this is confirmed by the comments of many of the Health Visitor participants. These Health Visitors will be able to approach their new task with increased confidence and skills. But a not insignificant, if incidental, additional gain is that we, in the Child Guidance Service of the County, have been able to make most valuable contacts with the Health Visitor Service."

### **HOME NURSING (Section 25)**

The arrangements for the provision of a Home Nursing Service through the agency of the Nottinghamshire Nursing Federation and the District Nursing Associations remained unchanged throughout the year 1958.

The County Council again sent six Nurses to a Post-Graduate Course of Instruction.

Considerable reconditioning was undertaken of the property at Greasley, referred to in the last Annual Report, which had been acquired as a Nurses' Home.

The repair, redecoration or improvement of houses occupied by District Nurses was authorised in six other cases.

Furniture and equipment were provided in two cases.

The provision of two new cars for the use of District Nurses was effected, as also was the provision of additional garage accommodation in two Districts. Two garages were repaired. Repairs and replacements to cars were carried out in eleven instances. Three cars were sold during the year as no longer capable of economic repair.

It is gratifying to report that the Basford Rural District Council allotted a house to a District Nurse appointed to the Wollaton District Nursing Association and thus made it possible to fill a long-standing vacancy.

Of the 8,747 cases attended by the District Nurses during the year, 5,517 were sixty-five or over at the time of the Nurse's first visit—a proportion slightly greater than that recorded for 1957. These elderly patients received 173,516 visits out of a total of 278,595. Children under five comprised 305 of the 8,747 cases attended by the District Nurses, and these children received 2,694 visits from the Nurses.

The table of statistics appended indicates the staffing position and the work done during each of the five years 1954 to 1958 inclusive.

There has been a considerable fall in the total number of cases attended and the visits paid. There are various reasons to account for this. The County Superintendent of the Nottinghamshire Nursing Federation reports that she has observed a tendency on the part of doctors to give more drugs by mouth, with the result that there is less call on the services of the District Nurses to give injections. There was no influenza epidemic of any consequence in 1958.

The increase in the staff employed brings the figure nearer to the desideratum of one per four thousand of the population, but the increase is offset by the fact that the Nurses' improved conditions of service provide for an extension of annual leave which reduces considerably their aggregate availability to the public.

#### General Statistics (Whole County)

	1954	1955	1956	1957	1958
Total No. of Cases attended .....	10,990	10,595	9,967	9,562	8,747
*Average No. of Cases attended per equivalent of Whole-time Nurse .....	104	99	96	97	79
Total No. of Visits paid .....	276,900	276,879	277,545	290,228	278,595
*Average No. of Visits paid per equivalent of Whole-time Nurse .....	2,612	2,612	2,690	2,932	2,528
Average No. of Visits paid per Case .....	25	26	28	30	32
*Equivalent of Whole-time Staff employed at 31st December .....	106	106	103	99	110
**Equivalent of Whole-time Staff required at 31st December .....	135	136	137	139	142
‡Extent to which Staff falls short of requirements at 31st December .....	29	30	34	40	32
‡Ratio of Staff to Population at 31st December .....	1 per 5,108	1 per 5,150	1 per 5,345	1 per 5,604	1 per 5,180

\*Some Nurses devote part of their time to Domiciliary Midwifery.

\*\*On basis of 1 per 4,000 of population.

‡Expressed as equivalent of Whole-time Nurses.



## VACCINATION AND IMMUNISATION (Section 26)

### Immunisation against Diphtheria

The organisation and conduct of this Scheme is undertaken locally by District Medical Officers of Health, acting on agreed terms, as agents for the County Council. Where necessary, assistance is also given by the County Council's medical and nursing staffs, and individual immunisations are undertaken on request at routine Child Welfare and School Clinic sessions.

Medical practitioners taking up general practice in the Council's area are invited to take part in the County Council's arrangements and by 31st December, 1958 a total of 369 General Practitioners were enrolled for this purpose. The numbers of children who completed primary immunisation or were given a reinforcing injection during the year were as follows :—

	AGE AT DATE OF LAST INJECTION			
	Under 1 year	1-4 years	5-14 years	Total (under 15 years)
No. who completed a course of primary immunisation during the year .....	5,400	1,397	764	7,561
No. given a secondary or reinforcing injection during the year .....	—	1,226	4,081	5,307

The table, on page 66 compiled from information provided by the District Medical Officers of Health, shows the number of children under fifteen years of age at 31st December, 1958 in each County District—and in the County as a whole—who had completed a full course of immunisation against diphtheria at any time before that date. The table is sub-divided according to age attained and age at date of last injection.

The figures for the whole County, expressed as percentages of the Registrar-General's estimates of the child population, and the proportion of children in each age group who had inoculations within the past five years, are as follows :—

Age at 31.12.58	Registrar-General's mid-year population estimate	Proportion of children immunised	
		at any time before 31.12.58	during the last five years (1954-1958)
Under 1 year .....	9,480	29.2%	29.2%
1— 4 years .....	34,820	77.6%	77.6%
5—14 years .....	92,300	88.9%	36.0%
Total .....	136,600	82.6%	46.2%



NUMBER OF CHILDREN WHO HAD COMPLETED A FULL COURSE OF IMMUNISATION AT ANY TIME BEFORE 31ST DECEMBER, 1958.						
DISTRICT	Under 1 yr.	1—4 yrs.	5—14 yrs.		TOTAL (under 15 years)	
	(a)	(a)	(a)	(b)	(a)	(b)
Urban Districts.						
Mansfield (Borough)	136	2,011	3,224	4,260	5,371	4,260
Worksop (Borough)	94	1,460	2,099	2,737	3,653	2,737
Newark (Borough)	104	1,182	1,244	1,828	2,530	1,828
East Retford (Borough)	59	648	1,306	1,491	2,013	1,491
Arnold	88	1,235	1,570	1,882	2,893	1,882
Beeston and Stapleford	341	2,373	3,167	5,225	5,881	5,225
Carlton	170	1,784	2,172	3,686	4,126	3,686
Eastwood	34	467	792	904	1,293	904
Hucknall	79	1,038	1,631	2,027	2,748	2,027
Kirkby-in-Ashfield	90	1,096	1,591	1,564	2,777	1,564
Mansfield Woodhouse	187	555	1,335	2,790	2,077	2,790
Sutton-in-Ashfield	213	1,952	2,817	3,341	4,982	3,341
Warsop	178	1,235	1,637	292	3,050	292
West Bridgford	123	1,152	1,029	1,547	2,304	1,547
TOTAL	1,896	18,188	25,614	33,574	45,698	33,574
Rural Districts.						
Basford	497	3,249	1,215	6,374	4,961	6,374
Bingham	106	1,061	892	1,302	2,059	1,302
Worksop	79	846	1,173	1,772	2,098	1,772
East Retford	67	948	1,427	2,229	2,442	2,229
Newark	24	565	605	1,097	1,194	1,097
Southwell	104	2,163	2,342	3,505	4,609	3,505
TOTAL	877	8,832	7,654	16,279	17,363	16,279
Whole County. GRAND TOTAL	2,773	27,020	33,268	49,853	63,061	49,853
				82,121		112,914

(a) Children whose last complete course of injections (primary or booster) was given between 1954-1958.

(a) Children whose last complete course of injections (primary or booster) was given between 1st January, 1953, and 31st December, 1953.

(b) Children whose last complete course of injections (primary or booster) was given before 1st January, 1954.

## **Notifications and Deaths from Diphtheria**

There were no cases notified and no deaths from diphtheria during the year.

## **Whooping Cough Immunisation**

The table on page 70 shows the number of children immunised against whooping cough in each County District—and in the County as a whole—during 1958. The majority of these children were immunised with a combined antigen against diphtheria and whooping cough which was introduced, for general use under the County Council's Scheme, during 1955.

In addition to those primarily immunised against whooping cough during the year, 1,215 children were given a secondary or reinforcing injection under the County Council's arrangements.

## **Complications of Vaccination**

A female child aged one year four months who was primarily vaccinated under this scheme in September 1958 was admitted to a Doncaster Hospital fourteen days later with a generalised vaccinia. The child recovered satisfactorily and was discharged home after three weeks in the hospital.

## **Poliomyelitis Vaccination**

At the beginning of the year, steps were being taken in collaboration with General Medical Practitioners and with Head Teachers throughout the Council's area to vaccinate children born since 1st January, 1943 (i.e. up to fifteen years of age); expectant mothers; and ambulance staff, General Practitioners and the families of these two groups. These arrangements were widely advertised in the local press and at the Council's clinics, welfare food centres and in the County District Health Departments.

To assist in the heavy programme of work and to ensure the vaccination with two injections of as many persons as possible before the Summer of 1958, arrangements were made to supplement the Council's medical, nursing and clerical staff by part-time or sessional appointments. General Medical Practitioners also continued to accept the invitation to them to take part in the County Council's scheme, the total of those agreeing to do so increasing during the year from two hundred and twenty-nine to three hundred and one.

Due to the extension of the scheme, it was also necessary to provide small refrigerators for the storage of vaccine in five additional centres in the Council's area, and to provide a large refrigerator for bulk storage purposes in the County Health Department.

Administrative difficulties which had to be overcome and which, to some extent, impeded progress arose due to (i) the need at first to give parents an opportunity to decline an offer of Salk vaccine tested in this country as well as in the country of origin, and (ii) the need as from May 1958 to give parents who had previously indicated readiness to accept Salk vaccine tested in this country an opportunity to refuse Salk vaccine not so tested.



Nevertheless, by 31st August a total of 71,961 children, 1,369 expectant mothers, and 482 persons in other priority groups had been vaccinated with two injections (including 4,108 children vaccinated before 1st January, 1958) ; 9,019 persons had been given a first injection, and 8,807 persons were registered for vaccination under the Council's arrangements, representing an acceptance rate of over 65% amongst the eligible children up to fifteen years of age.

In September, 1958, information was received of the Government's proposals to extend the scheme further by the offer of vaccination to persons born in the years 1933-1942 ; to hospital staff in contact with patients and medical students and the families of these groups, and by the inclusion of third injections not less than seven months after the second injection. The County Council, to meet the situation, authorised the continued supplementation of the medical, nursing and clerical staff as might be found necessary and proceeded, in consultation with all concerned, to extend their arrangements accordingly. In this connection, District Medical Officers of Health undertaking the local organisation and conduct of sessions under agency arrangements for the County Council were asked to consider holding sessions in any large centres of employment in their areas, and to open clinics in towns on market days and half-holidays at which the process of registration and administration of the first dose could be telescoped. The need to obtain parental consent, "where possible," before vaccinating young persons under twenty-one years of age was however felt to be an unnecessary encumbrance on the administrative side and one which would again, to some extent, impede progress.

Whilst the above arrangements were being made, active steps were taken to complete the vaccination with two injections of persons already registered and to raise the acceptance rates in the previous priority groups, particularly for expectant mothers.

Supplies of vaccine received during the year were as set out below and the following table shows the work undertaken in each County District, and the position in the County as a whole at the end of the year according to returns received from the District Medical Officers of Health :—

<i>Type of vaccine</i>	<i>Amount received in 1958</i>
British	26,144 ml.
British-tested Salk	97,180 ml.
Single-tested Salk	88,350 ml.
Total	<hr/> 211,674 ml.



## POLIOMYELITIS VACCINATION 1958

County District	Position at 1st January, 1958		No. who completed vaccination with two injections during the year					Position at 31st December, 1958				
	No. (all groups) awaiting vaccination with two injections	No. (all groups) given one injection	Children (born 1943-58)	Young persons (born 1933-42)	Expectant mothers	Other priority groups	Total	No. awaiting vaccination with two injections				
								Children (born 1943-58)	Young persons (born 1933-42)	Expectant Mothers	Other priority groups	Total
URBAN DISTRICTS :												
East Retford (Borough)	1,175	14	2,376	—	21	28	2,425	123	—	12	—	135
Mansfield (Borough)	5,186	23	8,662	—	125	51	8,838	526	5	19	5	555
Newark (Borough)	2,376	62	4,898	—	125	48	5,071	67	—	—	121	188
Worksop (Borough)	1,627	33	4,419	3	220	84	4,726	130	—	—	—	130
Arnold	2,108	19	3,931	—	243	48	4,222	73	—	6	—	79
Beeston and Stapleford	2,845	28	7,639	1	440	78	8,158	335	32	31	—	398
Carlton	3,101	22	5,555	—	198	38	5,791	387	—	5	1	393
Eastwood	752	2	1,674	—	19	2	1,695	71	—	—	—	71
Hucknall	1,410	12	3,667	—	93	33	3,793	69	4	9	2	84
Kirkby-in-Ashfield	1,610	10	4,030	165	154	17	4,366	10	—	1	—	11
Mansfield Woodhouse	1,495	6	2,390	—	55	5	2,450	49	—	2	—	51
Sutton-in-Ashfield	1,066	30	4,789	5	101	12	4,907	125	4	1	—	130
Warsop	1,240	—	1,948	—	38	—	1,986	75	—	—	—	75
West Bridgford	2,272	102	3,789	17	219	30	4,055	186	65	23	—	274
RURAL DISTRICTS :												
Basford	5,107	35	9,037	3	232	27	9,299	237	5	24	—	266
Bingham	1,730	48	3,066	37	31	3	3,137	105	6	5	—	116
East Retford	1,773	17	2,304	—	46	8	2,358	167	2	16	—	185
Newark	1,257	11	2,070	—	41	31	2,142	57	189	3	19	268
Southwell	4,424	51	6,562	—	99	28	6,689	325	—	15	—	340
Worksop	1,244	18	2,267	2	30	7	2,306	169	—	3	—	172
Totals	43,798	543	85,073	233	2,530	578†	88,414	3,286	312	175	148	3,921
												11,474

(† plus 245 c.c. vaccine issued to hospitals).

# WHOOPING COUGH IMMUNISATION, 1958

DISTRICT	NUMBER OF CHILDREN PRIMARILY IMMUNISED AGAINST WHOOPING COUGH (ACCORDING TO AGE AT DATE OF FINAL INJECTION)			
	Under 1 year	1—4 years	5—14 years	Total (under 15 years)
<b>Urban Districts—</b>				
Mansfield (Borough)	469	114	6	589
Worksop (Borough)	327	152	27	506
Newark (Borough)	296	51	1	348
East Retford (Borough)	211	22	5	238
Arnold	341	43	2	386
Beeston & Stapleford	525	206	24	755
Carlton	477	53	6	536
Eastwood	98	33	10	141
Hucknall	217	56	17	290
Kirkby-in-Ashfield	211	87	17	315
Mansfield Woodhouse	187	35	—	222
Sutton-in-Ashfield	497	25	2	524
Warsop	178	22	1	201
West Bridgford	290	35	6	331
<b>TOTAL</b>	<b>4,324</b>	<b>934</b>	<b>124</b>	<b>5,382</b>
<b>Rural Districts—</b>				
Basford	638	168	35	841
Bingham	248	81	12	341
East Retford	218	52	—	270
Newark	82	33	2	117
Southwell	325	118	5	448
Worksop	201	61	5	267
<b>TOTAL</b>	<b>1,712</b>	<b>513</b>	<b>59</b>	<b>2,284</b>
<b>Whole County. GRAND TOTAL</b>	<b>6,036</b>	<b>1,447</b>	<b>183</b>	<b>7,666</b>



# **Vaccination against Smallpox**

The same methods and procedure as outlined under the heading "Immunisation" applied to vaccination against smallpox and the following table indicates the work carried out under these arrangements during 1958 :—

## **VACCINATION AGAINST SMALLPOX, 1958**

DISTRICT	NUMBER VACCINATED*					NUMBER RE-VACCINATED*						
	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	TOTAL	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	TOTAL
Urban Districts—												
Mansfield (Borough)	329	12	9	14	19	383	—	—	2	3	17	22
Worksop (Borough)	242	14	9	12	12	289	—	—	—	—	8	8
Newark (Borough) .....	161	6	4	3	1	175	—	—	—	—	10	10
East Retford												
(Borough)	97	3	2	14	7	123	—	—	—	2	16	18
Arnold .....	260	18	11	4	3	296	—	—	—	4	19	23
Beeston & Stapleford	384	32	17	15	30	478	—	—	3	9	61	73
Carlton .....	325	15	13	7	13	373	2	1	—	3	10	16
Eastwood .....	33	19	3	4	5	64	—	—	—	—	—	—
Hucknall .....	132	7	8	5	17	169	—	—	1	4	56	61
Kirkby-in-Ashfield .....	105	17	2	4	8	136	—	—	—	—	—	—
Mansfield Woodh'se	151	11	6	1	9	178	—	—	—	—	6	6
Sutton-in-Ashfield .....	209	6	4	1	6	226	—	—	—	2	9	11
Warsop .....	131	4	4	4	2	145	—	—	—	1	7	8
West Bridgford .....	168	24	3	1	11	207	—	—	4	9	38	51
TOTAL .....	2,727	188	95	89	143	3,242	2	1	10	37	257	307
Rural Districts—												
Basford .....	290	77	15	9	20	411	—	—	1	3	18	22
Bingham .....	169	58	10	8	15	260	—	—	3	4	31	38
Worksop .....	163	2	8	6	5	184	—	—	—	—	3	3
East Retford .....	148	12	12	14	12	198	—	—	1	3	16	20
Newark .....	113	5	4	1	5	128	—	—	—	4	7	9
Southwell .....	343	19	12	20	6	400	—	—	—	—	2	2
TOTAL .....	1,226	173	61	58	63	1,581	—	—	5	14	77	96
Whole County. GRAND TOTAL .....	3,953	361	156	147	206	4,823	2	1	15	51	334	403

\*Classified according to age at date of vaccination.

## AMBULANCE SERVICE (Section 27)

### Statistics

During 1958, 40,769 journeys were made involving the conveyance of 135,645 patients and the travelling of 994,135 miles. The apportionment of this work to individual Stations is set out in the following table.

Station	Journeys under-taken	Patients carried	Total mileage
Nottingham Group :			
Arnold .....	1,732	6,640	37,466
Beeston .....	3,884	12,670	83,499
Carlton .....	3,603	12,122	70,856
Eastwood .....	1,512	6,799	50,263
Hucknall .....	2,913	10,407	77,235
Kirkby .....	798	3,777	17,438
Southwell* .....	261	1,257	13,980
West Bridgford .....	3,813	13,534	115,110
Mansfield .....	8,690	27,949	175,544
Edwinstowe* .....	339	2,996	16,850
Warsop* .....	351	2,354	10,765
Newark .....	4,030	8,942	96,514
Retford .....	3,819	11,916	123,232
Worksop.....	4,477	12,457	88,287
Harworth* .....	547	1,825	17,096
Totals .....	40,769	135,645	994,135
Totals for 1957 .....	40,611	130,050	965,990

\* Closed 30th September, 1958.

In achieving the highest total since the inception of the Service both in patients carried and mileage run, there was an increase of 5,595 patients as compared with 1957 and an increase of 28,145 in mileage, although the overall effect was that the mileage per patient decreased by 0.1 of a mile for each patient carried.

The categories of the patients carried in 1958 and, for comparison purposes, those in each of the previous five years, were as follows :—

Year	Acci- dent	Emerg- ency	Treat- ment	Infect- ious	Matern- ity	Other	Total
1953 .....	2,276	3,990	102,325	709	2,188	243	111,731
1954 .....	2,248	4,151	112,489	629	2,211	178	121,906
1955 .....	2,464	4,308	118,841	1,323	2,037	216	129,189
1956 .....	2,551	4,210	115,857	1,303	2,203	345	126,469
1957 .....	2,940	4,847	118,989	1,093	1,428	753	130,050
1958 .....	3,282	5,037	124,142	1,059	1,301	824	135,645



The division of mileage between ambulances and dual-purpose vehicles is set out in the following table with the corresponding figures for 1957.

Class of Vehicle	No. of vehicles in class		No. of Miles
	At 1.1.58	At 31.12.58	
Ambulance .....	34	26	534,751 (510,464)
Dual-purpose vehicles.....	21	29	459,384 (455,526)

During the year, arrangements were made for ninety-five patients to be conveyed to out-county destinations by train for the major part of their journey. The corresponding figure for 1957 was 157.

## General Administration

### Review of the Operational Functioning of the Service

This review, which was commenced towards the end of 1957, was completed early in the year and has led to the compilation of revised proposals under Section 27 of the National Health Service Act 1946, which the Minister of Health approved with operative effect from the 1st October, 1958.

The changes made are as follows :

- (a) Closure of four Sub-Stations—Edwinstowe, Harworth, Southwell, Warsop.
- (b) Abandonment of the proposals for the establishment of three new Sub-Stations—Bingham, Misterton, Tuxford—and a Station in Nottingham close to the Hospitals served.
- (c) Concentration of resources of men and vehicles at the 24-hour Stations in populous areas.
- (d) Cessation of standby duty by personnel of the two 16-hour Stations and the one remaining Day Station.
- (e) Ultimate replacement of the Day Station at Kirkby-in-Ashfield by a 16-hour Station at Sutton-in-Ashfield.
- (f) Reduction in the number of ambulances with a corresponding increase in the number of dual-purpose vehicles.

These changes were the outcome of a close study of the work undertaken in the various areas of the County during the first ten years of the Service and one of the main factors enabling them to be effected was undoubtedly the operation of radio control which was first introduced in July 1952 and covered the whole of the County by April 1954.

Considerable capital expenditure on new Stations has been avoided and a saving on annual costs has been effected by the various changes.



## Major Disaster Plan for Nottinghamshire

A comprehensive Major Disaster Plan detailing the part the various Local Authority Services and other organisations might have to play in the event of such occurrence, has been drawn up during the year. The role of the Ambulance Service within this Plan has been made known to all personnel.

### Premises

The building of extensions to the Mansfield Station was commenced during the year with a scheduled completion date towards the end of March 1959.

Following upon the relaxation of restrictions on capital expenditure notified in Ministry of Housing and Local Government Circular 60/58, approval has been given by the Ministry of Health for the schemes for new Stations at Sutton-in-Ashfield, West Bridgford and Newark to proceed on the understanding that building work will be completed by the 31st December, 1959.

### Vehicles

As indicated previously the composition of the vehicle fleet has been varied within the total operational establishment of fifty-five, by the replacement of eight ambulances by seven small and one large dual-purpose vehicles. This adjustment has been made to accord with the considerably greater numbers of sitting-case patients carried as compared with stretcher cases, e.g. in 1957, 108,704 sitting-case patients were carried and 21,346 stretcher cases.

Seven of the ambulances were disposed of by public auction and the remaining one allocated for use as a Civil Defence equipment vehicle.

At the end of the year, the average age of the ambulances was four years eleven months and of the dual-purpose vehicles three years three months.

Details of the vehicles are as follows :—

Make and Horse Power					Year	Number
<b>(a) Ambulances</b>						
Bedford	.....	.....	.....	28	1949	2
Bedford	.....	.....	.....	28	1951	3
Bedford	.....	.....	.....	28	1952	6
Bedford	.....	.....	.....	28	1953	1
Bedford	.....	.....	.....	28	1957	9
Morris	.....	.....	.....	25	1949	1
Morris	.....	.....	.....	25	1950	1
Morris	.....	.....	.....	25	1951	1
Daimler	.....	.....	.....	27	1956	2—26
<b>(b) Sitting-case Vehicles</b>						
Bedford Transit Ambulances	.....			28	1950	2
Bedford Transit Ambulances	.....			28	1958	1
Bedford Dual-purpose Ambulances				16	1953	1
Bedford Dual-purpose Ambulances				16	1954	8
Bedford Dual-purpose Ambulances				16	1955	5
Bedford Dual-purpose Ambulances				16	1956	5
Bedford Dual-purpose Ambulances				16	1958	7—29

In addition to the above, five ambulances (average age nine years) and three Austin cars (average age ten years one month) were retained for Civil Defence training purposes.

### Staff

Designation	Establishment	Number employed at 31.12.58
County Ambulance Officer .....	1	1
Deputy County Ambulance Officer .....	1	1
Superintendents .....	4	3
Station Officers .....	7	6
Shift Leaders .....	38	37
Driver-Attendants .....	128	123
Driver-Mechanics .....	3	3
Clerical Staff .....	4	3
Control Assistants .....	13	13
	199	190

In the National Safe Driving Competition for 1957 the following awards were gained by Ambulance personnel :—

6—9 year Bars .....	37
5-year Medals .....	6
Diplomas .....	80

Issues of shirts and ties, and white overall coats for wearing when engaged on the conveyance of patients, have been made for the first time to operational Ambulance personnel.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

### Tuberculosis

#### Deaths

During 1958, the number of deaths attributable to tuberculosis was forty-three ; forty-one from pulmonary tuberculosis and two from other forms of the disease. The pulmonary death rate per thousand of the population was 0.07 for the County compared with 0.09 for England and Wales, whilst the rate for all forms was 0.08 for the County compared with 0.10 for England and Wales.

#### Clinic Registers

According to information provided from the several Chest Clinics in the Council's area, the number of County cases on the Clinic Registers at 31st December, 1958 was as follows :—



<i>Classification</i>		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Pulmonary .....	.....	1,403	1,159	175	2,737
Non-pulmonary .....	.....	136	140	50	326
		<hr/>	<hr/>	<hr/>	<hr/>
Totals .....	.....	1,539	1,299	225	3,063

The above figures do not include County cases attending Out-County Chest Clinics.

### New Cases and Mortality

The number of new cases notified during 1958, according to returns submitted by the Medical Officers of Health of the County Districts, and the number of deaths attributable to tuberculosis during the year, according to the Registrar-General's statistics, were as set out in the following table :—

AGE PERIODS	NEW CASES*				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 yr. ....	—	1	1	—	—	—	—	—
1—4 yrs. ....	3	1	—	2	—	—	—	—
5—14 yrs. ....	14	14	1	4	—	—	—	—
15—44 yrs. ....	91	86	7	15	4	4	—	—
45—64 yrs. ....	49	20	7	4	17	5	—	—
65 yrs. & over	20	6	1	1	10	1	1	1
Totals .....	177	128	17	26	31	10	1	1

\* Excluding Inward Transfers.

### Incidence—Pulmonary Tuberculosis

The following table shows the incidence of Pulmonary Tuberculosis in the County over the past five years :—

YEAR	NO. OF NEW CASES INCLUDED IN THE ANNUAL RETURN TO THE MINISTRY OF HEALTH			Rate per 1,000 of population
	Formally notified	Not notified before death	Total	
1954	371	16	387	0.71
1955	323	16	339	0.61
1956	344	13	357	0.64
1957	367	5	372	0.66
1958	296	9	305	0.53

### Cases not notified before Death

The numbers of cases not notified before death in each of the past five years, and the sources from which the information was obtained, were as follows :—

YEAR	SOURCE OF INFORMATION						Totals	
	Death Returns from Local Registrars		Death Returns from Registrar-General		Posthumous notifications			
	Pul.	Other	Pul.	Other	Pul.	Other	Pul.	Other
1954	8	2	2	5	6	2	16	9
1955	7	1	5	5	4	3	16	9
1956	8	2	4	2	1	—	13	4
1957	2	2	2	—	1	—	5	2
1958	2	—	2	—	5	—	9	—

In each case the facts were at once communicated to the District Medical Officer of Health who was asked to confirm that the case had not been notified to him during life as suffering from tuberculosis. The County Council's Tuberculosis/Health Visitors were also notified and visited the homes for the purpose of taking environmental reports and urging contacts to attend for examination at the nearest Chest Clinic.

Details of each case, with a copy of the environmental report, were also forwarded to the appropriate Chest Physician.

### Examination and B.C.G. Vaccination of Contacts

According to information provided from the Nottingham, Mansfield, Newark, Worksop and Retford Chest Clinics, the numbers of family contacts of new County cases examined and given B.C.G. vaccination by the Chest Physicians during 1958 were as follows :—

1958	Men	Women	Children	Total
No. of new cases notified .....	175	132	41	348
No. of new contacts examined (including those examined by X-ray only) .....	342	497	1,737	2,576
No. found tuberculous .....	10	12	17	39
No. tuberculin tested .....	65	160	1,325	1,550
No. found negative .....	27	72	883	982
No. vaccinated with B.C.G. ....	10	60	1,068	1,138
Total attendances by contacts at Chest Clinics during the year .....	911	1,271	5,573	7,755



It is again pleasing to report an increase in the average number of contacts examined per new case, i.e. from 4.86 in 1957 to 7.40 in 1958.

### Work of the Tuberculosis/Health Visitors

The number of domiciliary visits by the Council's Tuberculosis/Health Visitors during 1958 was 8,162 compared with 8,941 during 1957 and their attendances at Chest Clinic sessions totalled 1,002 in 1958 compared with 974 in the previous year.

### Shelters

During the year, the County Council disposed of two of the eight portable wooden shelters which they have for some time maintained for loan, free of charge, to persons suffering from tuberculosis, and transferred one to the Sherwood Village Settlement.

Disposal of the five shelters remaining on charge at 31st December, 1958 was as follows :—

No. on loan to patients .....	2
No. in store at Sherwood Village Settlement .....	3
	—
	5
	—

### Protection of Children against Tuberculosis

Under the County Council's arrangements for the annual x-ray examination of the staff of their establishments working in close contact with groups of children, one hundred and fifty-nine persons in employment at Day Nurseries or at Children's Homes were examined by miniature radiography during 1958.

In addition, two hundred and ninety-nine persons taking up employment of this nature with the County Council were examined by x-rays during the year—one hundred and sixty-nine by miniature radiography and one hundred and thirty by large films for which the County Council paid the agreed fee to hospitals and Chest Physicians.

### B.C.G. Vaccination of School Children

With the consent and approval of the County District Councils, the routine skin testing and B.C.G. vaccination of 13-14 years old school children is undertaken by District Medical Officers of Health, acting as agents for the County Council, and the following figures indicate the work undertaken in eighteen County Districts under the approved Scheme during 1958 :—

No. of children skin tested .....	4,447
No. found Mantoux negative .....	3,440
No. of children vaccinated .....	3,409
No. of children re-examined (after one year)	39
No. found Mantoux negative .....	6
No. of children re-vaccinated .....	6

### Case Finding Surveys

According to information kindly provided by the Nottingham No. 2, Lincolnshire and South Yorkshire Mass Radiography Units, surveys were carried out at twenty-two Centres in the County Council's area at which 26,289 persons were examined by mass radiography during 1958.

Altogether, one hundred and sixty-four cases were referred to the Chest Physicians for further investigation. Five cases of active pulmonary tuberculosis and forty-two cases of inactive pulmonary tuberculosis were discovered.

In addition a large number of County residents attended the Nottingham No. 1 Mass Radiography Unit in the City of Nottingham but precise figures are not available as no separate records are kept of County and City residents attending this centre.

### Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis

The following Report has been submitted by this Association on the care and after-care work undertaken by their After-Care Committees during 1958 under formal agency arrangements with the County Council, including their conduct of the Council's Scheme for domiciliary occupational therapy for tuberculous persons :—

“During the year 1958 the care and after-care work of the Association on behalf of the Nottinghamshire County Council proceeded on similar lines to those outlined in previous Reports. The grant was paid to the General Committee and its three Sub-Committees at the rate of £1,280 per annum.

In the period under review 149 new cases were referred, or made application for assistance, but altogether 497 cases received individual consideration and help was given where necessary, details of which are given as follows :—

#### GENERAL COMMITTEE.

No. of new cases .....	102	(125)
No. of cases considered for assistance .....	282	(279)
Analysis of Assistance—		
Referred to National Assistance Board for monetary grants .....	35	
Bed and bedding loaned .....	10	
Clothing provided .....	7	
Clothing and bedding provided by National Assistance Board and Women's Voluntary Service .....	6	
Nursing requisites loaned (including invalid chairs and latex foam mattresses) .....	20	
Milk permits issued .....	208	
Financial assistance (from Voluntary Funds)—		
Travel vouchers to visit Sanatoria and B.C.G. Clinics .....	85	
Payment of Home Help, initial outlay for Occupational Therapy and grant towards Business Course .....	3	



Applications for assistance re housing .....	16
Applications for assistance re work and training for work .....	50
Assistance from National Assistance Board re removal expenses .....	1
Payment of Spero holidays .....	3
*Christmas parcels distributed .....	30
Other forms of help .....	45
Investigated but no help necessary at the moment (kept under review) .....	18
Assistance re Home Help and Care of children .....	6

## MANSFIELD SUB-COMMITTEE.

No. of new cases .....	14	(20)
No. of cases considered for assistance .....	100	(129)
Analysis of Assistance—		
Bed and bedding loaned .....	13	
Milk permits issued .....	71	
Nursing requisites loaned .....	3	
Other forms of help .....	2	
Investigated but no help necessary at the moment (kept under review) .....	8	
*Christmas parcels distributed .....	24	

## NEWARK AND SOUTHWELL SUB-COMMITTEE.

No. of new cases .....	15	(9)
No. of cases considered for assistance .....	71	(9)
Analysis of Assistance—		
Bed and bedding loaned .....	1	
Clothing provided .....	1	
Milk permits issued .....	71	
*Christmas parcels distributed .....	12	

## WORKSOP AND RETFORD SUB-COMMITTEE.

No. of new cases .....	18	(25)
No. of cases considered for assistance .....	44	(45)
Analysis of Assistance—		
Bedding loaned .....	4	
Clothing provided .....	1	
Milk permits issued .....	38	
Nursing requisites loaned .....	1	
Other forms of help .....	1	
*Christmas parcels distributed .....	12	

\*Denotes help from Voluntary Funds.

(Figures in parentheses indicate the number of cases in the preceding year.)

### Domiciliary Occupational Therapy

In October, 1958, a Group Centre was opened at Mansfield where patients could meet each Tuesday afternoon and receive instruction from the Occupational Therapist.

The attendances fluctuated during the Winter months but are tending to increase. The Scheme is proving satisfactory. Patients continue to do Dressmaking, Basketry, Marquetry firescreens and Stool seating as well as other crafts.

No. of cases on Register on 1st January, 1958	.....	.....	.....	74
No. of new cases referred during the year	.....	.....	.....	62

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136

Removals from Register during the year :—

Returned to work	.....	.....	.....	31
Admitted to Hospital	.....	.....	.....	12
To Industrial Rehabilitation Unit	.....	.....	.....	1
Referred to Welfare Department	.....	.....	.....	1
To Training College	.....	.....	.....	1
Returned to School	.....	.....	.....	1
No longer required	.....	.....	.....	18
Died	.....	.....	.....	2
To Sherwood Village Settlement	.....	.....	.....	1

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68

No. of cases on Register on 31st December, 1958	.....	.....	68
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No. of visits paid to patients during the year	.....	.....	671
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No. of sessions at Mansfield Group Centre	.....	.....	12
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Average attendances at Group Centre	.....	.....	8
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The Council's Almoners act for the After-Care Committees at the Worksop, Retford, Mansfield and Newark Chest Clinics and the following figures give some indication of the work undertaken by them for tuberculous persons during the year :—

<i>Chest Clinic or Source</i>	<i>No. of sessions attended</i>	<i>No. of new cases referred</i>	<i>No. of case interviews</i>
Mansfield	144	150	407
Newark	49	75	98
Worksop	94	97	227
Retford	47	41	97
Hospitals	88	137	503
Other sources	—	12	—
	<hr/> 422	<hr/> 512	<hr/> 1,332
No. of home visits	.....	.....	<hr/> 306
No. of Care Committee Meetings attended	.....	.....	<hr/> 12



### Sherwood Village Settlement

The County Council continued to maintain the Sherwood Village Settlement at Rainworth, near Mansfield, for the benefit of tuberculous persons in need of sheltered employment, and to admit cases from the areas of other Local Health Authorities on agreed terms.

During 1958, in addition to Nottinghamshire patients, cases were admitted from the County Borough of Doncaster, from Lincolnshire (Kesteven) and from the West Riding of Yorkshire, and details of all admissions and discharges are set out in the following Table :—

1958	TRAINEES			SETTLERS			TOTAL		
	N.	OA.	Total	N.	OA.	Total	N.	OA.	Total
Strength 1.1.58	1	8	9	19	17	36	20	25	45
Admissions during the year	2	5	7	—	—	—	2	5	7
Trainees accepted as settlers during the year .....	3	13	16	19	17	36	22	30	52
	1	5	6	1	5	6	—	—	—
	2	8	10	20	22	42	22	30	52
Discharges during the year—									
(a) medically unsuitable .....	—	1	1	—	—	—	—	1	1
(b) for misconduct .....	—	—	—	—	1	1	—	1	1
(c) on retirement	—	—	—	1	—	1	1	—	1
(d) to other employment .....	1	—	1	1	1	2	2	1	3
	1	1	2	2	2	4	3	3	6
Strength 31.12.58 .....	1	7	8	18	20	38	19	27	46

N—Nottinghamshire cases.

OA—Other Authorities' cases.

The twenty-seven cases from outside Authorities who were accommodated at the Sherwood Village Settlement at the end of the year were as follows :—

<i>Local Health Authority</i>	<i>Ministry of Labour Settlers Trainees</i>		<i>Total</i>
Doncaster County Borough Council .....	1	3	4
Grimsby County Borough Council .....	—	2	2
Leicester County Borough Council .....	—	2	2
Nottingham County Borough Council .....	2	1	3
Derbyshire County Council .....	—	2	2
Leicestershire County Council .....	1	3	4
Lincolnshire (Kesteven) County Council .....	1	—	1
W. R. Yorkshire County Council .....	2	7	9
Total .....	7	20	27

Dr. D. Davies, Consultant Chest Physician who, by arrangement with the Sheffield Regional Hospital Board, also acts as Medical Superintendent of the Sherwood Village Settlement, has provided the following report and comment upon the medical aspects of the year's work :—

“At the beginning of the year there were thirty-six Settlers and nine Ministry of Labour Trainees in the Settlement. In the following twelve months one man has retired under the age limit and moved to a house in Mansfield ; another was considered fit to return to open industry and was then appointed as Gardener-Handyman at the Hostel ; and another was declared fit for open industry. Two others also left and one man was returned to hospital soon after his admission as his physical condition was too poor for work.

No case suffered a relapse requiring Sanatorium treatment and the amount of time lost through sickness during the year was less than usual.

The average age of the Settlers has risen to forty-two (forty in 1956). As the average for new admissions was only a little below this it appears that it will tend to rise. The main demand for places now is for the middle-aged and elderly. This is in keeping with the fall in incidence of the disease and the better response to treatment in the younger age groups.

Of the residents in 1956, 63% had been coughing up tubercle bacilli in the previous two years. By now the proportion has fallen to 35%. The fall is largely due to the greater use of anti-tuberculous drugs whilst the men are at work. Though this is undoubtedly beneficial and encouraging it does not necessarily follow that a man is less disabled when his sputum becomes negative. So often the difficulty is due to the large areas of lung that have been destroyed by tuberculosis and the pre-disposition of these men to bronchitis. Eleven of them have had major operations because of this disease and in three the whole of one lung has been removed.



Seven men were admitted during the year and six Trainees were accepted as Settlers. At the end, the complement was thirty-eight Settlers and eight Trainees.

Dr. Glowinski continued the general medical care of the Settlers and their families. The hostel continues to be a comfortable home for its residents."

In July, 1958, the Sherwood Village Settlement had a Stand at the Commonwealth Chest Conference and Exhibition organised by the National Association for the Prevention of Tuberculosis at the Royal Festival Hall in London which, it is pleasing to report, attracted considerable attention and was officially visited by H.R.H. The Duchess of Kent. The Stand was illustrated with drawings and photographs showing the layout and location of the Village Settlement and the associated Ransom Hospital, and specimens of Sherwood Industries' school furniture products were on display, together with an illustrated catalogue of their complete range of products, including those of an active Sectional Buildings Department.

Amongst visitors to the Settlement during the year were Dr. T. Uemura of Japan (a World Health Organisation Fellow), Mr. A. J. Mookerjee of India (a N.A.P.T. Fellow), and the Worksoop Disablement Advisory Committee.

Arrangements with the Ministry of Labour and National Service under the Disabled Persons (Employment) Act, 1944 continued smoothly throughout 1958, and the County Council were pleased to accept offers from the Ministry of grant aid on the capital development of training facilities by (i) an extension of the Industries' office accommodation and (ii) the erection of a new Spray Booth adjoining the Warehouse. The old Spray Booth was subsequently converted for use as a Components Store.

Sherwood Industries were primarily concerned during the year with the manufacture of school furniture for the Nottinghamshire Education Committee and in their Sectional Building Department developed a new greenhouse which attracted many enquiries when it was exhibited for the first time at the Bakewell Horticultural Show in August. In view of the relaxation of Hire Purchase controls later in the year, Sherwood Industries were able to improve their Hire Purchase terms as from the beginning of November, 1958.



SHERWOOD VILLAGE SETTLEMENT  
NOTTINGHAMSHIRE COUNTY COUNCIL



Sherwood Village Settlement  
Stand at the Commonwealth  
Chest Conference and Exhibition  
organised by the National Asso-  
ciation for the Prevention of  
Tuberculosis.





The first stage of a scheme for the layout of the grounds around the Settlement workshops was completed early in the year and on land adjoining the Men's Hostel two additional chalets were provided and furnished to increase the Hostel accommodation from thirty-four to thirty-six places. Two concrete bases were also laid down to be let to residents wishing to erect their own garages.

Fifty five-month old pullets were purchased in September, 1958, to replace old stock and electric lighting was at the same time installed in the deep litter house in the hope of increasing egg production for the benefit of the Hostel residents. The poultry kept at the Hostel was also increased during the year by a gift of twenty-four pullets and equipment from a local well-wisher.

Other domestic improvements undertaken at the Men's Hostel during 1958 included the purchase and installation of a boiling urn and toaster in the main Kitchen, and the provision of new curtains, a new rug and a studio couch in the steward's flat.

During the year the maintenance allowances payable to Ministry of Labour Trainees were twice increased and the wages of all Settlers, and of the appropriate staff, were twice adjusted in accordance with pay awards by the National Joint Council for the Furniture Manufacturing Trade. Fourteen Settlers were also awarded increases in their rates of pay following satisfactory reports to the Management Sub-Committee on their progress and efficiency, and on acceptance as Settlers under the County Council's Scheme six former Ministry of Labour Trainees became eligible for wages for their working time instead of maintenance allowances to which they had previously been entitled.

There were two vacancies in the Village Settlement at the end of the year—one for a Hostel resident, and one for a married candidate and his family in a three-bedroom house.

## **Other Forms of Illness**

### **Loan of Nursing Equipment and Appliances**

The County Council continued during the year to lend the larger items of home nursing equipment, free of charge, direct from the Public Health Department subject to medical certification of need in each case.

Under these arrangements, 549 patients were assisted in 1958 (422 in 1957)—476 patients being referred by General Practitioners; sixty by Hospital Officers and thirteen from other sources.

The following table indicates the work undertaken under this Scheme during the year :—



Article	1.1.58		Purchases during year	Written off during year	Loans during year	Returns during year	31.12.58	
	On loan	In store					On loan	In store
Alternating Pressure Point Pad .....	—	—	1	—	1	—	1	—
Back Rests .....	19	35	—	—	60	46	33	21
Bed Blocks (prs.) .....	6	24	—	—	3	4	5	25
Bed Cradles .....	26	6	10	—	29	21	34	8
Bedpans—								
Rubber .....	9	3	2	4	16	17	8	2
Bedsteads—								
Single .....	36	4	8	—	41	31	46	2
Postural drainage .....	1	—	—	—	—	—	1	—
Tilting .....	—	1	—	—	—	—	—	1
Bed Tables—								
Adjustable .....	1	—	—	—	—	—	1	—
Folding .....	1	59	—	—	8	3	6	54
Overbed .....	—	1	—	—	—	—	—	1
Commodores—								
Chair type .....	56	—	31	—	109	78	87	—
Stool type .....	48	—	—	—	47	47	48	—
Cot, adult .....	—	1	1	—	7	5	2	—
Crutches (prs.) .....	10	29	—	—	6	6	10	29
Latex foam cushions	11	3	4	2	11	14	8	8
do. mattresses .....	81	14	6	—	135	121	95	6
do. pillows .....	3	2	1	—	1	1	3	3
Fracture boards .....	66	13	20	—	61	45	82	17
Cushion, inflatable, toilet .....	—	—	1	—	1	—	1	—
Sectional Mattresses	1	—	—	—	—	1	—	1
Self-lifting poles .....	30	2	9	—	22	15	37	4
Spinal Carriages—								
Adult models .....	1	6	—	—	2	1	2	5
Juvenile models .....	1	1	—	—	4	3	2	—
Walking aids .....	8	5	18	—	29	13	24	7
Walking Sticks .....	—	2	1	—	3	—	3	—
Wheel Chairs—								
Stairway .....	6	1	7	—	14	11	9	5
Merlin .....	11	10	1	—	32	25	18	4
Folding—adults .....	70	31	7	—	104	101	73	35
do. juveniles .....	11	3	4	1	20	19	12	5
Totals .....	513	256	132	7	766	628	651	243

The Council's Health Visitors were notified and provided reports at quarterly intervals on each case assisted under this scheme.

In addition, by arrangement with the Nottinghamshire Nursing Federation, the smaller and more frequently needed items of home nursing equipment continued to be lent direct to patients, free of charge, by District Nurses and District Nurse/Midwives from stocks held by them to an approved standard scale (amended in the light of experience as from 1st January, 1958 as indicated below).

Stocks of these articles are also maintained in the Health Department for the purpose of replacing broken or worn-out equipment, or for issue direct to patients having a long-term need.

The following table indicates the action taken under these arrangements during 1958 :—

Article	Scale per Nurse	1.1.58	Pur- chases during year	Written -off during year	Issues during year	Returns during year	31.12.58
		In store					In store
Air rings .....	4 (4)	—	121	3	122	4	—
Bedpans .....	3 (3)	25	42	1	70	4	—
Douche outfits .....	— (1)	7	—	—	—	—	7
Feeding cups .....	2 (2)	22	36	—	51	2	9
Sputum mugs .....	— (2)	10	—	—	2	—	8
Steam kettles .....	* (1)	15	—	—	6	—	9
Waterproof sheets 6-ft. x 3-ft. ....	† (2)	21	2	1	24	2	—
4-ft. x 3-ft. ....	4 (2)	20	108	—	125	—	3
Urinals .....	3 (3)	24	78	—	78	—	24
Totals .....	16 (20)	144	387	5	478	12	60

Figures in brackets indicate approved scale to 31.12.1957.

\* One per District.

† Available on special request.

## Convalescence

Under the County Council's arrangements for providing convalescence of the "holiday home" type for suitable cases referred by General Practitioners, forty-nine cases were assisted in 1958 compared with sixty cases in 1957.

Of these, one undertook to pay the full cost involved, and after an assessment of their financial circumstances thirteen others were required to make varying contributions. The remaining thirty-five cases were granted free convalescence in accordance with the Council's approved scale.

Forty-three cases were accommodated at seaside Convalescent Homes and six were admitted to Convalescent Homes in Derbyshire. The following table shows the cases dealt with under these arrangements during the year, classified according to medical need, age, sex and duration of convalescence authorised :—



CERTIFIED MEDICAL NEED	AGE AND SEX DISTRIBUTION															AUTHORISED STAY						
	15—24 yrs.			25—34 yrs.			35—44 yrs.			45—64 yrs.			65 yrs. and over			Total			2 wks. wks.	3 wks.	4 wks.	Total
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
Arthritis and Fibrositis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	1	6
Bronchitis, Pneumonia and other respiratory conditions	—	1	1	—	1	1	—	1	2	3	—	1	2	1	3	4	10	5	3	2	10	
General debility and anaemia	—	—	—	—	—	—	—	1*	1	6	—	3	1	3	4	11	8	2	1	11		
Nervous disorders	—	1	1	—	—	—	—	1	2	3	—	3	2	—	2	9	7	2	2	—	9	
Post-operative conditions	—	—	—	—	—	—	—	—	—	1	—	1	—	1	2	2	1	1	1	—	2	
Other conditions	—	1	1	—	—	—	—	—	—	4	—	4	1	5	6	11	9	2	2	—	11	
TOTALS	—	3	3	—	1	1	2	5	7	3	14	17	4	17	21	49	33	12	4	49		

M—Males.

F—Females.

T—Total.

\*Accompanied by 15 months old child.

## Training and Recuperative Centres for Neglectful Mothers

Under the arrangements approved in 1957 enabling the County Council to take such steps as they consider necessary to prevent physical neglect or risk of mental illness, or the break-up of problem families, four mothers and their children were admitted to Rehabilitation Centres for periods varying from 6-13 weeks during 1958. These families consisted of :—

- (1) Mother (34 years) and four children (ages 2, 3, 5 and 6 years).
- (2) Mother (42 years) and two children (ages 3 and 9 years).
- (3) Mother (35 years) and four children (ages 2, 5, 7 and 10 years).
- (4) Mother (22 years) and two children (ages 1 and 2½ years).

Another family refused an offer of such help, and one further case was under investigation with a view to assistance under these arrangements at the end of the year.

In all such cases the husband is assessed to contribute towards the total cost involved according to his means, and in three of the cases admitted during 1958 some contribution was required in accordance with the County Council's scale. In the other case the accommodation was provided free of charge to the husband.

The desirability of encouraging husbands to visit their families at weekends during their stay at the Rehabilitation Centres was also appreciated and the Council authorised the issue of travel vouchers for this purpose, where necessary, subject to recovery of such proportion (if any) of the cost involved as may be agreed with the County Treasurer.

The families dealt with under this Scheme are all carefully followed-up on their return home to ensure, so far as possible, that they derive full benefit from the training provided at the Rehabilitation Centres.

## Almoner Service

The establishment of three whole-time County Almoners was filled throughout 1958 and these Officers continued to visit four hospitals in the County where no Almoners are employed and, at the request of the appropriate Hospital Authorities, to undertake the social investigation of Geriatric cases either awaiting admission to or discharge from hospital.

Full co-operation was also maintained with the Almoners employed by the several Hospital Management Committees in the area.

The County Almoners made one hundred and six sessional attendances at Hospitals during 1958, at which they conducted three hundred and six case interviews, and the following figures give some indication of the extent of the work undertaken by them for cases other than those



suffering from tuberculosis and venereal diseases which are dealt with separately in this Report :—

Category	No. of Cases referred	No. of home visits undertaken
Hospital after-care .....	322	630
General care and after-care .....	320	299
Social investigation of Geriatric cases .....	508	401
Convalescence cases .....	86	188
Totals .....	1,236	1,518

During a period of almost eleven weeks whilst one of the County Almoners was off-duty through illness, and during the absences of County Almoners on annual leave, the Council's Health Visitors undertook the social investigation of some Geriatric cases.

In all cases advice or assistance was given by the County Almoners on the usual variety of medico-social problems, particularly with reference to financial or domestic help, and rehabilitation.

## Venereal Diseases

### Treatment of County Cases at all Centres

The numbers of cases resident in the County—dealt with for the first time during each of the past five years—according to returns from the Nottingham, Mansfield, Worksop and Out-County Treatment Centres, were as follows :—

Year	No. of cases dealt with for the first time			
	Syphilis	Gonorrhoea	Other Conditions	Total
1954	36	85	503	624
1955	45	64	482	591
1956	35	45	442	522
1957	20	109	428	557
1958	30	124	401	555

### Source and Contact Tracing

Five contacts and defaulters were referred by the Specialist Medical Officers for follow-up visits and altogether twenty home visits were undertaken by the County Almoners during 1958, in the follow-up of these and of other contacts and defaulters referred to them in previous years.

### Health Education

The year began with much promise but the work of the section received a severe set-back by the resignation of the Second Assistant, Mrs. M. McDougall, who left during June to live in the south of England. Mrs. McDougall had been appointed in January 1956 and the two years experience, together with her friendliness and sense of humour as well as her very expert knowledge, had made her a valuable member of the Health Education Team. By these very qualities she had endeared herself to Staff and audiences alike and her departure has afforded a considerable loss to the County. Repeated advertising had not produced a successor by the end of the year.

The presence of three whole-time officers at the beginning of the year had brought about the acceptance of a great deal of work, both talks and exhibitions, for the whole of the year. The loss of one officer before half of the year had passed placed considerable stress on the other two officers in order to try to fulfil all obligations.

The difficulty was further complicated by the advent of the Home Office scheme for a "Guard that Fire" Campaign. Elaborate preparations had to be made with the co-operation of other Departments and the District Councils to launch this propaganda campaign upon the general public. Exhibitions, displays, talks, advertising and the issue of posters and leaflets all involved great expenditure of time and energy.

Four special posters of a humorous nature were designed by Mr. Marrow and Mr. Wass and were produced by the County Supplies Department. Judging by the many comments heard, these posters are likely to have created a more positive impression than did certain of the more realistic illustrations received from other sources.

Even so, it is probable, as has so often been said in these reports, that little real education is achieved by intensive and short-termed campaign propaganda. It is more strongly felt as the years succeed, that the quiet teaching in the home by the Health Visitor is the best means of preventing burning accidents.

Clearly, however, there are certain practical considerations involved in the problem of prevention. The design of fireplaces and other heating appliances, the bye-laws of Housing Authorities as well as the design and cost of adequate guards are all factors requiring close investigation.

In order to try to assess more accurately the real need for advice in urban and rural populations, a small pilot survey of Health Visitors' opinions on the whole problem was undertaken. Whilst such a survey may not be statistically or factually valid it does at least afford some evidence of trends in the views and attitudes of trained observers who maintain a constant contact with a wide variety of homes.



As was suspected, majority opinion showed that the real problem was not the absence of a fire-guard—since most homes had one—but the means of securing and maintaining in position at all times, the guard already possessed.

Such evidence as was afforded by the survey would tend to suggest that it could be possible for a massive publicity campaign to fail in its intention simply because it did not accurately assess the needs and targets. It would be so easy for a householder to see the slogan “Guard that Fire,” to walk away, complacent in his possession of a fire-guard, without troubling to read any further advice and to arrive home to find that his complacency was not justified !

During the past year there has been noticed, with some perturbation, a growing tendency in health education to coerce the general public into this, that or the other action to avoid the penalties of disease. In some instances propaganda has almost amounted to threat ! To some, this may seem to be justifiable but one wonders increasingly whether a new attitude may not arise, that of being afraid to enjoy one’s living. It is with this in mind that effort is made in the County to ensure that the major volume of the work carried out is essentially concerned with positive aspects of health. In fact, the attempt is made to teach people to be healthier, rather than merely to avoid disease by recourse to nostrums, however scientific these may be. It is felt that from the improved efficiency of good health and a sound mind the avoidance of disease will emerge automatically without allied fears looming large.

That this is a slower process is accepted but it is possibly the only real health education.

The many and varied subjects of talks and discussions fall into three main classes, though it is not, of course, possible to make absolute divisions. Examination of the subject groupings below will show that, excluding technical talks to professionally trained audiences, almost 89% of the talks to the general public have been mainly concerned with “Positive Aspects of Health and its Maintenance and Improvement,” some 10% with “Prevention of Disease and Accidents” and just over 1% with “Publicity about the Health Services.”

Approximately, subject groupings percentages are as follows :—

	%
Health Education (Aims and Methods) .....	4.1
Maternity and Child Welfare .....	28.0
Health of the Child and Adolescent .....	18.1
Sex Education .....	14.5
Mental Health .....	14.1
General Health Topics .....	10.0
Prevention of Disease .....	4.5
Accident Prevention .....	5.5
Health Services Publicity .....	1.2

The following tables show some analysis of the work carried out during 1958, but it should be noted that in this year the talks given by Health Visitors to Ante-Natal Relaxation Classes are not included in the statistics below since the work concerned is mentioned elsewhere in the Report. Previously they had been included in the Health Education Section :—

TABLE 1.

**Meetings**

Total No. of all meetings	.....	.....	.....	544
Total No. of ordinary meetings	.....	.....	.....	196
Total No. of talks at ordinary meetings			.....	208
Total No. of Relaxation Class meetings			.....	348
Total No. of Film Shows	.....	.....	.....	3
Total No. of Talks illustrated by films	.....		.....	21

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Total No. of Exhibitions	.....	.....	.....	9
Total No. of Clinic Displays	.....	.....	.....	16



TABLE 2.

## Distribution of Meetings

AREA	NO. OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
<b>BOROUGHs—</b>			
Mansfield .....	3	145	145
Newark .....	3	49	49
East Retford .....	12	171	684
Worksop .....	4	64	64
<b>URBAN DISTRICTS—</b>			
Arnold .....	7	29	124
Beeston and Stapleford .....	23	203	449
Carlton .....	3	80	115
Eastwood .....	5	38	181
Hucknall .....	21	558	830
Kirkby-in-Ashfield .....	1	12	12
Mansfield Woodhouse .....	2	14	14
Sutton-in-Ashfield .....	3	65	65
Warsop .....	4	69	235
West Bridgford .....	10	146	169
<b>RURAL DISTRICTS—</b>			
Basford .....	20	459	845
Bingham .....	4	129	129
Newark .....	2	43	43
East Retford .....	1	34	34
Southwell .....	30	643	1,014
Worksop .....	6	121	186
<b>WHOLE COUNTY ORGANISATIONS</b> .....	15	132	230
<b>COUNTY HEALTH DEPARTMENT STAFF</b> .....	8	22	46
<b>OTHER SPECIAL (PROFESSIONAL) AUDIENCES</b>	9	92	168
<b>ANTE-NATAL RELAXATION SESSIONS</b> .....	348	798	2,691

TABLE 3

**Audiences at Meetings**

AUDIENCES	PERSONS ADDRESSED	ATTENDANCES
Women .....	3,161	6,611
Men .....	388	464
Total .....	3,549	7,075
Girls .....	463	1,239
Boys .....	104	208
Total .....	567	1,447
Females .....	3,624	7,850
Males .....	492	672
Total .....	4,116	8,522

In the above table, attendances at exhibitions are not included since it is not possible to assess these in most instances.

TABLE 4

**Talks**

Talks to audiences of women .....	123
Talks to audiences of men .....	10
Talks to audiences of mixed adults .....	33
Talks to audiences of girls .....	18
Talks to audiences of boys .....	8
Talks to audiences of mixed youth .....	10
Talks to audiences of mixed adults and youth.....	6
Talks to groups of expectant mothers .....	348
	556



TABLE 5.  
Summary of Lecturers

LECTURER	No. of Meetings	Persons Addressed	Attendances
COUNTY HEALTH DEPARTMENT—			
Mr. A. H. Marrow, Health Education Officer	248	2,028	3,647
Mr. N. S. Wass, Assistant Health Education Officer .....	112	1,198	1,819
Mrs. M. McDougall, Assistant Health Education Officer .....	123	808	1,451
Dr. R. S. Male, Senior Administrative Medical Officer .....	1	35	35
Miss M. W. Cottee, Home Help Service Organiser .....	1	40	40
Mrs. E. L. Andrews, Superintendent Mental Health Worker .....	1	25	25
Mrs. E. M. Sadler, Health Visitor .....	6	19	114
Mrs. R. M. Collins, Health Visitor .....	1	12	12
Miss R. Whitehead, Health Visitor .....	14	35	240
Miss O. E. Senior, Health Visitor .....	4	20	65
Miss S. Heyworth, Psychiatric Social Worker .....	1	17	17
Mr. C. A. Wollen, Play Therapist .....	2	64	64
Mr. F. Mealor, First Aid Lecturer .....	5	23	41
Mr. R. J. McLean, Assistant District Welfare Officer/Mental Health Worker .....	1	25	25
FIRE SERVICE DEPARTMENT—			
Mr. J. Teece, Fire Prevention Officer.....	2	86	86
HONORARY LECTURERS—			
Mrs. A. E. Marrow, Consultant Gynaecological Surgeon .....	6	93	93
PART-TIME LECTURERS—			
Dr. I. Powell-Heath, Medical Lecturer .....	10	374	374
Mrs. A. Hardman-Lawson, Physiotherapist.....	8	254	284

TABLE 6.

Talks Subjects				No. of Talks
<i>Health Education (Aims and Methods)</i>				
The Aims of Health Education	.....	.....	.....	1
Health Education in the Home .....	.....	.....	.....	11
Responsibility for Health .....	.....	.....	.....	9
				—
				21
				—
<i>Maternity and Child Welfare</i>				
Education of the Expectant Mother	.....	.....	.....	1
Relaxation in Child Birth .....	.....	.....	.....	1
Physical Health in Pregnancy .....	.....	.....	.....	60
Nutrition in Pregnancy .....	.....	.....	.....	31
Responsibilities of the Expectant Father .....	.....	.....	.....	4
Care of the Infant .....	.....	.....	.....	44
Health of the Young Baby .....	.....	.....	.....	2
				—
				143
				—

*Health of the Child and Adolescent**No. of Talks*

Feeding Young Children .....	34
Care of Children's Teeth .....	16
Care of Children's Feet .....	22
Problems of Children's Sleep .....	10
Growing Up .....	3
Problems of Growth .....	6
Health in Adolescence .....	1
	—
	92
	—

*Sex Education*

Physiology of Pregnancy and Birth .....	61
Sex Education in the Family .....	9
Health in the Menopause .....	4
	—
	74
	—

*Mental Health*

Mental Hygiene of Pregnancy .....	37
Mental Health of the Adult .....	2
Mental Health of the Young Child .....	27
Problems of Behaviour in Children .....	4
Children going to Hospital .....	1
Mental Deficiency .....	1
	—
	72
	—

*General Health Topics*

Food and Health .....	3
Summer Diet .....	2
Feeding the Aged .....	1
Kitchen Hygiene .....	10
Health Hazards in Summertime .....	2
Care of Eyes .....	4
Care of Feet .....	7
Care of Skin .....	2
Sleep and its Problems .....	3
The Ear and Hearing .....	1
Hearing and Deafness .....	2
Problems of Posture .....	2
Backache .....	3
Relaxation for the Housewife .....	7
The Body's Defences .....	1
You and Your Blood-Pressure .....	1
	—
	51
	—



*Accident Prevention**No. of Talks*

The Prevention of Home Accidents	.....	.....	.....	21
The Prevention of Burning Accidents	.....	.....	.....	2
First Aid in the Home	.....	.....	.....	1
Road Safety	.....	.....	.....	4
				—
				28
				—

*Prevention of Disease*

Immunisation and Vaccination	.....	.....	.....	8
Whooping Cough	.....	.....	.....	1
Poliomyelitis	.....	.....	.....	1
The Rheumatic Disorders	.....	.....	.....	1
Food and Drink Infection	.....	.....	.....	9
Prevention of Lung Cancer	.....	.....	.....	3
				—
				23
				—

*Health Services Publicity*

The Health Services	.....	.....	.....	2
The Work of the Health Visitor	.....	.....	.....	1
The Work of the Child Guidance Clinic	.....	.....	.....	1
The Home Help Service	.....	.....	.....	1
The Mental Health Worker	.....	.....	.....	1
				—
				6
				—

*Technical Talks to Health Department Staff*

Preparation of Visual Aids in Health Education	.....	.....	.....	10
Poster Design in Health Teaching	.....	.....	.....	2
				—
				12
				—

*Technical Talks to Other Special Audiences*

Problems of Growth in the School Child	.....	.....	.....	1
The Technique of Relaxation	.....	.....	.....	1
Preparation of Visual Aids for Health Teaching	.....	.....	.....	4
Visual Aids in Health Education	.....	.....	.....	2
Projection Apparatus in Health Education	.....	.....	.....	1
The Ciné Film in Health Teaching	.....	.....	.....	1
Strip Films in Health Education	.....	.....	.....	2
Catering Hygiene (Industrial Canteens)	.....	.....	.....	12
Emergency Feeding Hygiene (Civil Defence)	.....	.....	.....	10
				—
				34
				—

TABLE 7. **Films Used**

<i>Title</i>	<i>Times Shown</i>
Foods and Nutrition .....	2
Digestion of Food .....	1
Your Very Good Health .....	1
Your Children Walking .....	1
Care of Feet .....	4
Know your Body .....	1
Your Children's Eyes .....	2
Your Children's Ears .....	2
Your Children's Sleep .....	3
Growing Girls .....	1
Reproduction in Mammals .....	2
Heredity .....	3
The Body's Defences .....	1
Immunisation .....	6
Surprise Attack .....	7
Another Case of Food Poisoning .....	8
Fly about the House .....	5
Feelings of Hostility .....	1

During the year eleven of the films named above have been hired from the Central Film Library. The remaining films are the property of the Health Department.

TABLE 8 **Exhibitions and Clinic Displays**

Place or Organisation	Subject	Duration
<b>EXHIBITIONS—</b>		
Mansfield—Cumberland School Open Day .....	The Health of the School Child and the School Health Service.....	1 day
West Bridgford (O.A.P. Association) .....	The Health of the Elderly .....	1 day
Shire Hall (Entrance Hall) .....	Exhibition of Display Material for "Guard that Fire" Campaign	1 day
Beeston Library .....	"Guard that Fire" .....	3 days
Stapleford Library .....	do.	3 days
Mansfield .....	do.	1 month
West Bridgford .....	do.	1 month
Retford .....	do.	1 month
Worksop .....	do.	1 month
<b>CLINIC DISPLAYS—</b>		
Carlton Child Welfare Centre .....	Falls .....	1 month
do.	Growing Up .....	1 month
do.	"Guard that Fire" .....	1 month
Clarendon St. County Clinic .....	Burns and Scalds .....	1 month
do.	Falls .....	1 month
do.	Safeguard your Child .....	1 month
Clipstone Child Welfare Centre.....	Burns and Scalds .....	1 month
do.	Falls .....	1 month
do.	Growing Up .....	1 month
do.	Safeguard your Child .....	1 month
Hucknall Child Welfare Centre .....	Safeguard your Child .....	1 month
Mapperley Plains Road Child Welfare Centre .....	Food Infection .....	1 month
do.	Immunisation and Vaccination.....	1 month
do.	"Guard that Fire" .....	1 month
Retford Child Welfare Centre .....	Care of Teeth .....	1 month
do.	Safeguard your Child .....	1 month



TABLE 9

**Leaflets and Posters**

From a stock of eighty-eight carefully selected leaflets and fifty-six posters, the following have been distributed at meetings, clinics and exhibitions :—

**Leaflets**

Maternity and Child Welfare	.....	.....	.....	11,153
Sex Education	.....	.....	.....	1,712
General Health Topics	.....	.....	.....	6,646
Immunisation and Vaccination	.....	.....	.....	2,930
Disease and Disease Vectors	.....	.....	.....	7,259
Accident Prevention	.....	.....	.....	5,609
				<hr/>
				35,309
				<hr/>

**Posters**

Maternity and Child Welfare	.....	.....	.....	57
Food Infection and Kitchen Hygiene	.....	.....	.....	183
Common Cold and Tuberculosis	.....	.....	.....	96
Cancer Prevention	.....	.....	.....	96
Immunisation and Vaccination	.....	.....	.....	363
Accident Prevention	.....	.....	.....	274
Food	.....	.....	.....	20
Nursing Career Publicity	.....	.....	.....	150
				<hr/>
				1,239
				<hr/>

**“Guard that Fire” Campaign Literature**

Special issues of leaflets, posters and labels were made to District Councils for the “Guard that Fire” Campaign sponsored by the Home Office. Some of this material was provided free of charge by the Central Office of Information and some was purchased from several voluntary bodies or other sources. Four posters were specially designed by the Health Education Officers and were printed by the County Supplies Printing Department. A number of rubber stamps were made, using the Campaign symbol, for franking correspondence. These were issued to Districts Council wishing to use them.

Leaflets	.....	.....	38,815	Posters	.....	.....	2,416
Vehicle Labels	.....	.....	1,988	Correspondence Labels	.....	.....	6,500

**Ministry of Health Posters**

Sets of posters, prepared by the Ministry of Health on Food Infection, Teeth, Eyes, Tuberculosis, the Common Cold and Home Safety, have been loaned, from time to time, throughout the year to some schools as well as being displayed in Centres and at Exhibitions.

## DOMESTIC HELP SERVICE (Section 29)

### Administration

The year 1958 has been a settling-in period for the five districts where new District Organisers were appointed during 1957. Two vacancies for Assistant Organisers which arose in the earlier months of the year were eventually filled and by December the establishment of supervisory staff was once more up to full strength and consisted of one County Home Help Organiser, ten District Organisers, thirteen Assistant District Organisers, and eight Clerks, four of whom were part-time workers.

### Cases Served

Details of work undertaken in 1958 are shown in the following table and are compared with the figures for 1957.

Total number of cases served :—

	1958	1957
Maternity Cases .....	510	507
Tuberculous Cases .....	57	52
Chronic Sick, Aged and Infirm .....	3,329	3,047
Others .....	445	542
	<u>4,341</u>	<u>4,148</u>

Of these cases the following numbers were brought forward from 1957 :—

Maternity Cases .....	28
Tuberculous Cases .....	34
Chronic Sick, Aged and Infirm .....	2,384
Others .....	106
	<u>2,552</u>

It is interesting to look back over the past eleven years at the growth of the service as shown in the following schedule. (For the purpose of this table the term "General Cases" includes acute illnesses, tuberculous cases, the chronic sick and aged).

Year	Number of cases served in Whole County			Total Number of Hours of Service in Whole County	Total Number of Home Helps employed in Whole County
	Maternity	General	Total		
1948	109	174	283	37,047	93
1949	314	641	955	102,516	129
1950	519	1,139	1,658	191,454	227
1951	482	1,575	2,057	253,725	250
1952	453	1,694	2,147	335,271	307
1953	418	2,127	2,545	423,853	388
1954	432	2,539	2,971	499,107	452
1955	462	2,942	3,404	566,624	500
1956	490	3,376	3,866	664,308	606
1957	507	3,641	4,148	742,084	646
1958	510	3,831	4,341	794,749	690



Whilst there has been little change in the demand for Home Help for maternity cases (actually the highest was in 1950), the help allocated to general cases has increased year by year and still shows no sign of having reached its peak.

### **Recruitment of Home Helps**

Redundancy of female labour in some industries has brought many enquiries for employment as Home Helps, and in all districts there has been more choice of recruits than ever before. Careful selection of experienced women, together with instruction and supervision, has improved the quality of our teams considerably. Nevertheless, the normal wastage in a Service consisting mainly of married women who have growing families is naturally high, and constant effort is needed to maintain a satisfactory establishment.

The total number of Home Helps at the end of 1958—690—showed an increase of forty-four over the previous year. Twenty Home Helps were working forty-two hours a week or more and the remaining 670 were part-time workers.

Whilst it may not be apparent at first sight to be economic to employ such a large proportion of part-time workers, in this type of service, when morning help is the most vitally needed (particularly for those who are housebound and lone), it is often more practicable to employ two part-time workers offering mornings than one full-time helper.

The terms “part-time” and “full-time” are relative and there are many Home Helps technically regarded as part-time workers who do in fact work every morning and afternoon from Monday to Friday.

### **Rate of Pay to Home Helps**

In accordance with the recommendations of the National Joint Council for Local Authority Manual Workers, the rate of pay was increased on the 28th July, 1958, from 3/0d. to 3/1½d. per hour. The enhanced rate of 2d. per hour payable to those who volunteer to work in homes where there is a case of pulmonary tuberculosis or certain other specified infectious diseases remains unaltered. There is provision in the Home Help's Conditions of Service for double time to be paid for occasional Sunday duty and time and a half for regular Sunday work.

The need for Sunday work is comparatively small.

### **The Charge for the Service**

This remains unaltered at 3/3d. per hour, and no change has been made during the year in the scale of assistance.

### **Transport**

The vast amount of visiting involved in administering the Home Help Service and its subsidiary services calls for mobility on the part of all the administrative staff.

A Ford Popular car was purchased during the year for the joint use of staff at Sutton District Office (which covers Kirkby-in-Ashfield and the surrounding rural area). This brought the number of pool cars to eight, and car allowances are also paid for the use of six cars owned by the supervisory staff.

## Ancillary Services

### (a) The Evening Service

This is regarded as an extension of the Home Help Service and is used mainly for bedridden people living alone, to prepare their evening drink, attend to their comfort for the night, and make up the fire. The rate of pay, charges, etc., are those which apply to the Home Help Service.

### (b) The Night Attendant Service

This service is available in cases of illness and to infirm old people until more adequate arrangements for treatment or care can be made. Qualifications for assistance are as follows :—

- (1) When a patient is shortly to be admitted to hospital.
- (2) To relieve tired relatives who are caring for a sick person.
- (3) For old or sick people who have no near relatives.
- (4) For cases of acute illness where hospital treatment is not imperative and the help of relatives or friends is not available.

Service under this scheme is temporary in nature and is only provided when adequate help is not available from relatives or voluntary Societies.

Night Attendants (who may be male or female) are paid at the rate of 1/3d. per hour plus travelling expenses. The charge to the patient is 1/5½d. per hour or such lesser sum as may be assessed in necessitous cases.

During the first year of service, from December, 1957, to December, 1958, thirty cases were served.

### (c) The Family Help Service

Although many families have been assisted (and still are) under the Home Help Service, this new scheme with its rather wider scope for helping families in difficulty was introduced as a desirable alternative to the temporary breaking-up of the home by removing the children into the care of the Local Authority.

In cases where it has been agreed by the Children's Officer, in consultation with the appropriate officers of my Department, that it would be in the best interests of the children for them to remain at home, the provision of a Family Help can be made at a fraction of the cost of maintaining children in a Children's Home. The cases which qualify for help are those where the mother is admitted to hospital for confinement or treatment, or as a temporary measure where she has died or deserted her family.

The provision of this new Service is only considered where there are two or more children and when the father is living at home to take the responsibility even though he may be working in a shift basis.

The scheme is intended for short-term cases and is not provided as a permanent solution. Should a family need extended service, the circumstances are reviewed after three months.



There is provision for the resident or non-resident employment of Family Helps according to the circumstances prevailing, and the rates of pay are based on the scale for house-mothers. They are as follows :—

Resident Family Help—£7 15s. 6d. per week of  $5\frac{1}{2}$  days, daily rate of £1 8s. 3d.

Non-resident Family Help—£6 15s. 6d. per week of  $5\frac{1}{2}$  days, daily rate of £1 4s. 8d.

The charge for the service to the householder is determined after consultation with the County Treasurer.

After a year's experience of administering this scheme it has been found that Family Helps are best recruited from our teams of Home Helps. During 1958, three cases were served, and in several other cases reported by the Children's Officer, where the mother of a family was in hospital, extended Home Help Service was provided.

## **MENTAL HEALTH SERVICE (Sections 28 and 51)**

### **Administration**

The arrangements for the discharge of the Authority's duties under the various enactments relating to Mental Health remained unchanged during the year. The approved establishment of staff engaged on these duties continued generally as before, with the ten District Mental Health Workers dividing their time between Mental Health and Welfare duties under the National Assistance Act. One Assistant District Mental Health Worker was promoted to a senior post during the year and, due to this promotion and the shortage of suitable applicants, there was a vacancy for an Assistant at 31st December, 1958.

Dr. Eva Roith, M.B., B.Ch., B.A.O., D.P.H., took up duty on 6th January, 1958, as Medical Officer for Mental Health, in the vacancy created by the death of Dr. F. R. Walker.

### **Co-operation with Regional Hospital Boards and Hospital Management Committees**

I have had occasion in previous Annual Reports to refer to our desire for closer co-operation between the Local Authority and the Hospital Services in regard to the mentally ill and I am pleased to say that difficulties which were being experienced in the early days have been substantially surmounted. The scattered nature of a County area does not lend itself to the closely knit type of scheme which has proved so successful in certain County Boroughs but, insofar as the problems of travelling and distance can be overcome, the Authority's Social Workers now work in the closest co-operation with the medical staff of the Hospitals concerned. There is no existing formal arrangement for the joint appointment of Psychiatrists or Mental Health Social Workers but this is very clearly in mind as a potential development arising from the Royal Commission's recommendations. My visiting officers attend the several Hospital Out-patient Clinics ; accompany Consultants on domiciliary visits and undertake such enquiries and after-care duties as may be asked of them, whilst the Hospital staff are themselves available for consultation and advice at all times.

Co-operation with the various mental deficiency hospitals continued on the same close lines as hitherto. In particular, much of the work connected with the investigation of patients' home circumstances, for various purposes, was undertaken by the Authority's officers, whilst they were also required to supervise patients on licence in Nottinghamshire on behalf of hospitals not employing their own Social Worker. My thanks are due particularly to the various Medical Superintendents without whose sympathetic help in making beds available for short-stay patients the Authority's scheme could not have functioned so successfully.

### **Voluntary Associations**

Two beds were again reserved throughout the Summer at the "Orchard Dene" Short-stay Home, Rainhill, for the accommodation of Nottinghamshire children under the short-term care arrangements, and use was also made of the Home established by Dr. Barnardo's at Holbrook, Derbyshire.

### **Training of Staff**

A District Mental Health Worker, who had not previously had the opportunity of attending one of the Courses organised by the University of Sheffield, attended a Course of Study in London arranged by the National Association for Mental Health in July, 1958, whilst the Medical Officer for Mental Health and the Chairman of the Mental Health Sub-Committee were present at the Association's Annual Conference on "The Report of the Royal Commission."

Plans are now being considered by which, with the co-operation of the staff of Saxondale Hospital, all the Authority's Mental Health Workers will receive a further course of training in 1959.

### **Work Undertaken in the Community**

#### **Prevention of Illness, Care and After-Care**

At the end of the year, there were 148 patients suffering from mental illness who were being visited regularly by the District Mental Health Workers in their own homes (as compared with ninety on 31st December, 1957) whilst there were 1,471 mentally sub-normal persons under either statutory or voluntary supervision; the total number of visits paid during the year being approximately 9,500.

As indicated later in the report, work is proceeding on extensions to the Mansfield Occupation Centre and there are now definite prospects of the early building of similar Centres to meet the urgent need in the North and the East of the County.

### **Lunacy and Mental Treatment Acts, 1890-1930**

The work undertaken by the Authority's Duly Authorised Officers during the year in securing treatment for persons suffering from mental illness is shown in the following table :—



	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admissions to Hospital—			
(a) Mental Treatment Act, 1930—			
As voluntary patients .....	39	47	86
(b) Lunacy Act, 1890—			
Under Summary Reception Orders	5	18	23
Under 3-day Orders .....	90	117	207
Under 14-day Orders .....	4	19	23
(c) Without legal formality .....	3	5	8
	141	206	347
Referred to Psychiatric Out-patient Clinics .....	23	49	72
	164	255	419

There was a further decrease in the number of cases in which it was necessary to resort to “certification” by means of Summary Reception Orders and during the year, only twenty-five patients were dealt with in this way of whom two had previously been admitted on short Orders.

It is of interest to find that almost two-fifths of the total number of patients brought to notice during the year were over sixty-five years of age, 156 such cases being dealt with in 1958 as compared with 133 in 1957.

## **Mental Deficiency Acts, 1913-1938**

### **Ascertainment**

The number of new cases reported during 1958 totalled 102 (as compared with 100 in 1957) and, as is usual, the majority came to notice by means of statutory report from the Local Education Authority.

On 31st December, 1958, the number of ascertained cases remaining on the Register was 2,626 whilst there were 2,223 ascertained or alleged educationally sub-normal children coming within the purview of the Local Education Authority.

### **Guardianship**

Nineteen patients remained under statutory guardianship at the end of the year and all were over the age of sixteen years. Regular medical and lay visitation was carried out and the arrangement whereby a small weekly payment is made to non-parent guardians was continued.

### **Supervision**

The number of patients under supervision in the community at 31st December, 1958, was 1,471 of whom 906 (536 males and 370 females) were under statutory supervision and 565 (265 males and 300 females) were under voluntary supervision. Visitation was discontinued during the year in forty-five cases.

## Training

### (a) Occupation Centres

Attendances at the two full-time Centres at Mansfield and Mapperley continued at a satisfactory level during the year. Staffing difficulties persisted at the Mapperley Centre but these are gradually being overcome.

The patients at both Centres were taken on a Summer outing to Mablethorpe and Christmas parties were also arranged for them.

The scheme for the extension of the Mansfield Centre to provide adult training facilities received Ministerial approval during the year and work is now proceeding. At Mapperley, a room has been adapted for use as a tuition kitchen for older female patients whilst the new workshop for adult males is in use as this report is being prepared.

As in previous years, several students were seconded by the National Association for Mental Health for practical work at both Centres, and we had the honour in May of a visit from the Minister of Health to the Mansfield Centre.

High hopes were raised during the year that it would be possible to acquire and adapt premises in Retford which would have served admirably as a Centre for patients living in the North of the County. The Minister gave his approval but, unfortunately, negotiations for the purchase of the property in question proved abortive and a good deal of preliminary work was thereby nullified. The County Council have accordingly decided to erect a purpose-built Centre which will truly meet an urgent need.

There is also need of training facilities in the Newark area and consideration has been given to the possibility of sharing training arrangements at the Balderton Hospital for patients living in the Newark catchment area, the intention being that they should attend on a daily basis. Indications are, however, that these facilities at the Hospital will not be available in time to meet our needs and that in Newark, as at Retford, a purpose-built Centre will be required.

### (b) Home and Group Teaching

The two Home Teachers continued during the year to conduct group teaching classes and to pay visits to individual patients in their own homes, and the following is a summary of attendances and visits :—

#### Group Centres :—

Number of Centres at 31.12.58	.....	.....	11
Number on Register at 31.12.58	.....	.....	60
Sessions held in 1958	.....	.....	287
Total Attendances	.....	.....	1,273

#### Individual home visits :—

Number under instruction at 31.12.58	.....	38
Number of visits in 1958	.....	890



## Institution Care

On 31st December, 1958, the number of Nottinghamshire patients remaining on the books of institutions was 583, as follows :—

	<i>Detained under Orders</i>		<i>Maintained Informally</i>		<i>Totals</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Institutions in the Sheffield Region .....	70 (8)	111 (16)	110	152	443
Institutions outside Sheffield Region .....	68 (4)	36 (4)	13	3	120
Rampton and Moss Side Hospitals .....	12	8 (1)	—	—	20
	150 (12)	155 (21)	123	155	583

NOTE : Figures in brackets are numbers on licence.

It will be seen from this table that almost half of the total number of Nottinghamshire patients in Institutions at the end of the year were being maintained on an informal basis, without powers of detention. This was as a result of the changed procedure advocated in Ministry of Health Circular 2/58 in which it was recommended that patients admitted to mental deficiency hospitals should, in all suitable cases, be received on an informal basis without the use of procedures authorising detention and that Hospital Authorities should review existing cases and recommend for discharge from Order all who could suitably remain in Hospital without being subject to detention. This has been a welcome innovation from most points of view and has largely eliminated the somewhat cumbersome administrative procedures previously associated with admissions.

Concern was at first expressed in some quarters about the difficulties which were likely to ensue, but these have been few and the new arrangements generally have been largely satisfactory. They have not, however, had any apparent effect on the availability of accommodation and, at the end of 1958, there were 130 patients awaiting admission to institution care (as compared with 138 at the end of 1957), of whom fifty-two were considered to be in real and urgent need. Forty of these patients were under sixteen years of age.

The scheme for the provision of temporary care under Ministry Circular 5/52 was continued and 105 patients (fifty-one males and fifty-four females) were accommodated during the year, mainly for three or four weeks, though in cases of special need, longer periods of care were arranged. In addition to the use of accommodation in mental deficiency institutions, two beds were again reserved during the Summer months at the "Orchard Dene" Short-stay Home, Rainhill, and use was also made of facilities provided by Dr. Barnardo's at their Short-stay Home at Holbrook, Derbyshire.

## SECTION VII.

## NATIONAL ASSISTANCE ACTS, 1948 and 1951

## (1) Incidence of Blindness

## (a) Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para 7 (c) of forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment .....	27	9	1	74
(b) Treatment (medical, surgical or optical)	36	20	—	41
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .....	12	9	—	29

## (b) Ophthalmia Neonatorum

(i) Total number of cases notified during the year .....	3
(ii) Number of cases in which—	
(a) Vision Lost .....	Nil
(b) Vision Impaired .....	Nil
(c) Treatment continuing at end of year .....	Nil

## (2) Epileptics and Spastics

The County Council have an approved scheme under the National Assistance Act, 1948, for promoting the welfare of general classes of handicapped persons including epileptics and spastics, which is administered by the County Welfare Committee and designed to ensure to persons who apply for assistance the benefit of all existing statutory and voluntary services and consideration of their needs in relation to the development of welfare services.

The service is administered by the County Welfare Officer who refers to me questions of medical eligibility for registration, and any cases of persons suffering from tuberculosis or mental disability which come to his notice. The assistance of the Nottingham and Nottinghamshire Council for the Welfare of the Physically Handicapped, and other voluntary organisations is enlisted in appropriate cases.

The following cases are registered with the County Council for Welfare Services under the National Assistance Act, 1948 :—

Epileptics .....	57
Cerebral Palsy .....	49
Epilepsy and Cerebral Palsy .....	2





**SECTION VIII**

**STATISTICAL  
TABLES**





TABLE I.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1958

BOROUGHS AND URBAN DISTRICTS.

BOROUGHS AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1958	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate (Crude)	Rate (Corrected)				
MANSFIELD (Borough)	7,009	7.5	15,329	3.27	51,352	52,320	831	15.9	15.4	15	17.7	1	1.2	14	16.8	614	11.7	12.7	0.02	0.02
WORKSOP (Borough)	17,936	1.9	8,787	3.43	31,034	34,250	621	18.1	17.6	19	29.7	1	1.6	11	17.7	304	8.9	11.0	0.06	0.06
NEWARK (Borough)	3,364	7.1	6,766	3.25	22,917	23,870	418	17.5	17.5	3	7.1	—	—	12	28.7	324	13.6	12.6	0.13	0.13
EAST RETFORD (Borough)	4,657	3.7	4,856	3.29	16,316	17,000	269	15.8	15.7	7	25.4	—	—	4	14.9	209	12.3	12.3	—	—
ARNOLD	4,506	5.3	6,740	3.18	21,473	23,900	425	17.8	17.4	6	13.9	—	—	4	9.4	237	9.9	12.4	—	—
BEESTON & STAPLEFORD	6,468†	8.4	14,703	3.26	49,846	54,130	911	16.8	16.7	18	19.4	—	—	23	25.2	546	10.1	13.3	0.09	0.09
CARLTON	4,018	9.2	10,702	3.19	34,235	37,080	638	17.2	16.9	8	12.4	—	—	10	15.7	389	10.5	12.1	0.11	0.11
EASTWOOD	1,178	9.1	2,754	3.48	9,894	10,720	166	15.5	15.6	6	34.9	—	—	2	12.0	106	9.9	12.9	—	—
HUCKNALL	4,029	5.8	6,741	3.35	23,210	23,260	356	15.3	15.3	9	24.7	1	2.7	12	33.7	227	9.8	13.3	0.04	0.04
KIRKBY-IN-ASHFIELD	5,830	3.6	5,942	3.39	20,133	21,080	368	17.5	17.1	13	34.1	—	—	17	46.2	203	9.6	12.3	—	—
MANSFIELD WOODHOUSE	4,834	3.8	4,918	3.50	17,821	18,550	374	20.2	19.8	7	18.4	—	—	5	13.4	153	8.2	11.7	0.11	0.11
SUTTON-IN-ASHFIELD	10,507	3.8	11,973	3.35	40,518	40,450	584	14.4	14.4	14	23.4	—	—	16	27.4	446	11.0	14.1	0.07	0.07
WARSOP	7,174	1.7	2,967	3.67	10,892	12,020	218	18.1	17.2	6	26.8	—	—	2	9.2	106	8.8	12.3	—	—
WEST BRIDGFORD	3,044†	8.2	8,397	2.92	23,372†	25,070	393	15.7	16.1	8	19.9	1	2.5	7	17.8	325	13.0	11.1	0.16	0.20
TOTALS	84,554†	4.7	111,575	3.3	373,013†	393,700	6,572	16.8	16.6	139	20.7	4	0.6	139	21.1	4,189	10.6	12.6	0.06	0.07

† Amended figures which allow for changes of area and population after the Nottingham City and County  
Boundaries Act, 1951, had become effective on the 1st April, 1952.



TABLE II.

**NOTTINGHAMSHIRE.  
RURAL DISTRICTS.**

**Vital Statistics for the Year 1958**

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1958	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD ..	69,825†	0.80	14,872	3.31	49,995†	55,660	1,080	19.4	19.0	22	20.0	—	—	24	22.2	521	9.4	11.3	0.09	0.09
BINGHAM ..	67,583	0.35	5,370	3.14	20,568	23,380	461	19.7	21.9	11	23.3	—	—	5	10.8	296	12.7	10.4	0.13	0.17
WORKSOP ..	28,515	0.61	4,347	3.73	17,235	17,490	316	18.1	18.8	6	18.6	—	—	10	31.6	192	11.0	16.1	0.06	0.06
EAST RETFORD ..	111,032	0.21	5,788	3.23	21,561	22,990	308	13.4	14.7	9	28.4	—	—	7	22.7	226	9.8	9.5	0.04	0.04
NEWARK ..	41,550	0.31	3,331	3.31	11,272	13,000	192	14.8	15.1	4	20.4	1	5.1	4	20.8	118	9.1	9.6	0.08	0.08
SOUTHWELL ..	118,586	0.37	11,298	3.40	39,717	43,580	756	17.3	17.3	17	22.0	—	—	12	15.9	440	10.1	12.6	0.11	0.11
TOTALS ..	437,091†	0.40	45,006	3.5	160,348†	176,100	3,113	17.7	18.2	69	21.7	1	0.3	62	19.9	1,793	10.2	11.6	0.09	0.10

† Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

TABLE III.

## NOTTINGHAMSHIRE.

## Vital Statistics for the Year 1958

## WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1958	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS	84,554†	4.7	111,575	3.3	373,013†	393,700	6,572	16.8	16.6	139	20.7	4	0.6	139	21.1	4,189	10.6	12.6	0.06	0.07
RURAL DISTRICTS	437,091†	0.4	45,006	3.3	160,348†	176,100	3,113	17.7	18.2	69	21.7	1	0.3	62	19.9	1,793	10.2	11.6	0.09	0.10
WHOLE ADMINISTRATIVE COUNTY	521,645†	1.09	156,581	3.3	533,361†	569,800	9,685	17.0	17.0	208	21.0	5	0.5	201	20.8	5,982	10.5	12.3	0.07	0.08

† Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.



TABLE IV. INFANT MORTALITY, NEO-NATAL MORTALITY AND STILLBIRTH RATES, 1954-1958

	Infantile Mortality (All Infants Under One Year)					Neo-Natal Mortality (Infants Under One Month Only)					Stillbirth Rate Per 1,000 Live and Stillbirths				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
England and Wales .....	25.8	24.9	23.8	23.0	22.6	17.7	17.3	16.9	16.5	16.2	24.0	23.1	23.0	22.4	21.6
Whole County .....	28.1	27.2	24.6	23.8	20.8	21.3	17.0	16.6	16.6	12.9	23.9	25.3	25.2	24.6	21.0
Aggregate of Urban Districts .....	29.0	26.1	26.8	23.6	21.1	22.5	16.7	18.3	15.9	14.0	22.1	24.9	25.8	24.8	20.7
Aggregate of Rural Districts .....	26.1	29.5	19.5	24.3	19.9	18.5	17.5	12.8	18.3	10.6	27.7	25.9	23.7	24.0	21.7
Mansfield M.B. ....	36.3	29.3	21.5	37.8	16.8	23.8	19.1	16.7	22.0	6.0	25.6	20.0	24.5	26.2	17.7
Worksop M.B. ....	26.0	26.5	30.2	16.2	17.7	22.5	15.9	16.0	11.4	9.7	36.9	34.2	23.3	25.3	29.7
Newark M.B. ....	27.3	43.3	22.1	21.8	28.7	18.2	16.8	12.2	14.6	19.1	22.2	25.8	35.5	40.9	7.1
East Retford M.B. ....	50.2	14.5	18.6	19.3	14.9	41.9	14.5	14.9	7.7	11.1	16.4	31.7	25.4	15.2	25.4
Arnold U.D. ....	28.1	23.0	13.9	15.3	9.4	19.7	17.2	8.3	12.8	4.7	19.2	25.2	21.7	17.6	13.9
Beeston and Stapleford U.D. ....	28.2	17.0	28.7	22.4	25.2	22.6	11.3	22.2	18.7	14.3	19.3	24.9	16.7	19.6	19.4
Carlton U.D. ....	19.3	22.0	25.5	14.5	15.7	13.5	17.0	12.8	11.3	11.0	15.2	10.1	19.7	20.5	12.4
Eastwood U.D. ....	35.0	26.1	12.3	51.1	12.0	28.0	13.1	—	39.8	12.0	7.0	49.7	30.0	22.2	34.9
Hucknall U.D. ....	26.6	33.7	18.2	26.2	33.7	20.7	16.9	15.6	18.4	28.1	11.3	24.6	37.5	30.5	24.7
Kirkby-in-Ashfield U.D. ....	11.4	24.0	24.4	35.3	46.2	11.4	20.5	12.2	20.6	38.0	22.3	29.9	29.6	31.3	34.1
Mansfield Woodhouse U.D. ....	50.3	28.1	39.2	21.3	13.4	41.4	19.7	28.0	13.3	8.0	25.9	13.9	13.8	18.3	18.4
Sutton-in-Ashfield U.D. ....	30.6	27.3	44.6	24.6	27.4	25.8	17.0	33.9	17.5	18.8	29.7	28.1	29.5	38.8	23.4
Warsop U.D. ....	15.9	49.8	43.1	9.0	9.2	15.9	34.8	28.7	4.5	9.2	15.7	19.5	41.3	26.4	26.8
West Bridgford U.D. ....	23.2	11.5	24.5	18.3	17.8	17.4	8.6	21.8	10.4	15.3	25.5	33.3	34.2	7.8	19.9
Basford R.D. ....	23.2	41.0	20.4	26.2	22.2	18.4	27.6	10.8	19.2	13.0	22.7	16.5	32.5	12.9	20.0
Bingham R.D. ....	31.8	25.7	13.7	38.0	10.8	28.7	17.0	13.7	28.5	6.5	33.8	27.6	13.5	23.2	23.3
Worksop R.D. ....	30.9	23.6	17.1	17.5	31.6	27.8	13.5	13.6	8.7	19.0	15.2	23.0	33.0	31.7	18.6
East Retford R.D. ....	21.0	26.2	15.7	23.1	22.7	14.0	6.6	12.5	16.5	9.7	30.6	22.4	21.4	19.4	28.4
Newark R.D. ....	22.3	41.9	27.2	14.5	20.8	17.0	20.9	16.3	14.5	15.6	16.5	35.4	16.0	23.6	20.4
Southwell R.D. ....	27.7	19.6	22.0	20.3	15.9	12.5	11.8	13.7	17.6	5.3	24.3	35.4	17.5	37.7	22.0

TABLE V. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year	Estimated Population at the <i>middle</i> of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Household	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the population
1909	330,831	5,316	.63	.....	.....	9,740	29.4	106	4,424	13.3
1910	338,937	5,223	.64	.....	.....	9,554	28.2	110	4,331	12.7
1911	345,930	4,903	.66	76,236	4.5	9,453	27.3	125	4,550	13.1
1912	355,046	5,007	.68	.....	.....	9,213	25.9	93	4,206	11.8
1913	362,307	4,934	.69	.....	.....	9,369	25.8	101	4,435	12.2
1914	367,617	4,845	.70	.....	.....	9,541	25.9	107	4,696	12.7
1915	353,193	3,775	.67	.....	.....	8,843	25.0	112	5,068	14.3
1916	344,501	4,126	.66	.....	.....	8,567	22.8	95	4,441	12.8
1917	344,822	3,372	.66	.....	.....	7,589	19.7	95	4,217	12.2
1918	339,456	1,725	.65	.....	.....	7,742	20.3	100	6,017	17.7
1919	366,331	2,948	.70	.....	.....	7,507	19.6	95	4,559	12.4
1920	380,928	5,667	.73	.....	.....	9,836	25.8	85	4,169	10.9
1921	381,969	4,774	.73	85,646	4.4	9,187	24.1	86	4,413	11.5
1922	386,130	4,177	.74	.....	.....	8,316	21.5	69	4,139	10.7
1923	388,019	3,763	.74	.....	.....	8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75	.....	.....	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75	.....	.....	7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	.....	.....	7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78	.....	.....	7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	.....	.....	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82	.....	.....	7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84	.....	.....	7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	*109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86	.....	.....	7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86	.....	.....	6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87	.....	.....	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	.....	.....	7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	.....	.....	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	.....	.....	7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	.....	.....	7,549	16.0	46	4,753	10.1
1939	{ 478,200 <sup>a</sup> 479,900 <sup>b</sup>	2,511	.91	.....	.....	7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	.....	.....	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	.....	.....	7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	.....	.....	8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90	.....	.....	9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91	.....	.....	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91	.....	.....	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95	.....	.....	10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97	.....	.....	10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99	.....	.....	9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	.....	.....	9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01	.....	.....	8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	{ 535,410 <sup>†</sup> 534,400 <sup>‡</sup>	3,244	1.02	.....	.....	8,515	15.9	29.3	5,271	9.8
1953	541,400	3,168	1.04	.....	.....	8,625	15.9	29.3	5,457	10.1
1954	545,900	3,115	1.05	.....	.....	8,601	15.7	28.1	5,486	10.0
1955	550,600	3,140	1.05	.....	.....	8,718	15.8	27.2	5,578	10.1
1956	554,800	3,171	1.06	.....	.....	8,906	16.0	24.6	5,735	10.3
1957	563,300	3,878	1.08	.....	.....	9,372	16.6	23.8	5,494	9.8
1958	569,800	3,703	1.09	.....	.....	9,685	17.0	20.8	5,982	10.5

\* Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death rates and incidence of notifiable diseases.

† Special constructed figure supplied by Registrar-General in consequence of change of boundaries.

‡ Actual mid-year population.





TABLE VI. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NOTTINGHAM, 1958

No.	CAUSE OF DEATH	SEX	AGGREGATE OF URBAN DISTRICTS								AGGREGATE OF RURAL DISTRICTS								Total for County
			All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	
	ALL CAUSES	M	2249	81	13	22	17	103	619	752	2249	81	13	22	14	50	240	261	354
		F	1940	58	17	11	11	75	359	934	1940	58	17	11	4	33	154	199	399
	TOTALS		4189	139	30	33	28	178	978	1686	4189	139	30	9	19	83	394	460	753
1	Tuberculosis Respiratory	M	17	—	—	—	1	3	9	3	17	—	—	—	—	—	8	6	—
2	Do. Other	F	8	—	—	—	1	2	4	1	8	—	—	—	1	—	1	—	—
3	Syphilitic Disease	M	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
4	Diphtheria	F	6	—	—	—	—	—	1	4	6	—	—	—	—	—	1	2	1
5	Whooping Cough	M	6	—	—	—	—	—	4	2	6	—	—	—	—	—	—	—	—
6	Meningococcal Infections	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other Infective and Parasitic Diseases	M	1	1	—	1	—	—	1	—	3	1	—	—	—	—	—	—	1
10	Malignant Neoplasm—Stomach	F	66	—	—	—	—	2	27	19	66	—	—	—	—	2	12	4	5
11	Do. Lung, Bronchus	M	55	—	—	—	—	4	17	15	55	—	—	—	—	6	5	6	6
12	Do. Breast	F	140	—	—	—	—	8	59	17	140	—	—	—	—	2	23	13	4
13	Do. Uterus	M	20	—	—	—	—	1	10	4	20	—	—	—	—	2	4	—	1
14	Other Malignant and Lymphatic Neoplasm	F	74	—	—	—	—	2	38	19	74	—	—	—	—	7	18	5	—
15	Leukaemia, Aleukaemia	F	44	—	—	—	—	4	18	13	44	—	—	—	—	1	8	4	—
16	Diabetes	M	217	—	1	2	—	13	84	53	217	—	1	2	—	7	20	16	28
17	Vascular Lesions of Nervous System	F	163	—	1	2	—	6	55	45	163	—	1	2	—	3	19	23	17
18	Coronary Disease, Angina	M	10	—	1	1	—	1	4	3	10	—	—	—	—	2	2	—	—
19	Hypertension with heart disease	F	10	—	—	3	—	2	3	1	10	—	—	—	—	—	1	1	1
20	Other Heart Disease	M	7	—	—	—	—	1	2	2	7	—	—	—	—	—	—	—	—
21	Other Circulatory Disease	F	11	—	—	—	—	1	3	5	11	—	—	—	—	—	3	1	4
22	Influenza	M	288	—	—	—	—	5	44	91	288	—	—	—	—	2	12	36	59
23	Pneumonia	F	384	—	—	—	—	5	56	103	384	—	—	—	—	1	17	44	91
24	Bronchitis	M	350	—	—	—	—	11	140	90	350	—	—	—	—	—	56	66	39
25	Other Diseases of Respiratory System	F	191	—	—	—	—	2	24	72	191	—	—	—	—	2	18	34	40
26	Ulcer of Stomach and Duodenum	M	49	—	—	—	—	1	11	20	49	—	—	—	—	—	2	2	15
27	Gastritis, Enteritis and Diarrhoea	F	59	—	—	—	—	5	23	30	59	—	—	—	—	—	1	7	78
28	Nephritis and Nephrosis	M	276	—	—	1	—	7	37	77	276	—	—	—	2	5	24	45	93
29	Hyperplasia of Prostate	F	342	—	—	—	—	7	35	56	342	—	—	—	5	5	20	27	119
30	Pregnancy, Childbirth, Abortion	M	90	—	—	—	—	3	21	31	90	—	—	—	—	1	5	7	28
31	Congenital Malformations	F	86	—	1	—	—	3	13	13	86	—	1	—	—	2	5	6	20
32	Other Defined and Ill-Defined Diseases	M	18	—	—	—	—	—	9	4	18	—	—	—	—	1	1	—	1
33	Motor Vehicle Accidents	F	11	—	—	—	—	2	1	3	11	—	—	—	—	—	1	1	5
34	All Other Accidents	M	83	—	2	—	—	6	11	8	83	—	2	—	—	—	9	14	18
35	Suicide	F	107	—	5	—	—	2	8	19	107	—	5	—	—	1	3	6	21
36	Homicide and Operations of War	M	218	—	—	—	—	2	7	9	218	—	—	—	—	1	5	1	18



